

JOINT REVIEW
OF THE
INTERNATIONAL PLANNED PARENTHOOD FEDERATION
AND THE
U. S. AGENCY FOR INTERNATIONAL DEVELOPMENT
PARTNERSHIP

DECEMBER 2000

**Betsy Bassan
Med Bouzidi
Isabel Stout**

**Amy Tsui
Ian Thomas
Keys MacManus**

**Submitted by:
LTG Associates, Inc.
TvT Associates, Inc.**

**Prepared for:
The United States Agency for International Development
The International Planned Parenthood Federation**

The Joint Review of the International Planned Parenthood Federation and the U.S. Agency for International Development Partnership was made possible through support primarily provided by the United States Agency for International Development (USAID) under the terms of Contract Number HRN-C-00-00-00007-00, POPTECH Assignment Number 2000.01. The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID or IPPF.

PREFACE

The joint review of the International Planned Parenthood Federation (IPPF) and United States Agency for International Development (USAID) partnership was a remarkable process and represents an approach of real value to USAID, IPPF, and as a methodology, to the development community as a whole. The high level of participation and engagement of both IPPF and USAID in every step of the process greatly heightened the ownership of both parties to the outcome of the joint review—the key findings and conclusions—and thereby the likelihood that they will be realized. By committing to a structured but intense level of involvement by both IPPF and USAID staff throughout the joint review process, the relationship between the two organizations evolved in ways that would rarely happen in a typical assessment. As a result, both organizations have a much deeper understanding of each other's strengths and constraints, which is critical for making the future partnership more effective.

Both USAID and IPPF together conceived of the joint review and jointly invested the extensive time and resources that proved essential for its success. Participation and joint learning is time-consuming and expensive but can lead to enduring outcomes. The review team witnessed firsthand the Federation's immense value to millions of people throughout the world and helped to put into perspective concerns about areas that need strengthening. Ultimately, the experience cultivated the necessary energy and enthusiasm for moving into a constructive phase possible through the clear identification of needs and actions that emerged from the review. Whatever the future holds for USAID funding to IPPF, the key findings and conclusions and follow-on plan of action help IPPF negotiate with all its donors in best equipping it to meet the sexual and reproductive health challenges ahead.

ACRONYMS

APROFAM	Asociación Pro-Bienestar de la Familia de Guatemala
ARO	Africa Regional Office, IPPF
ASBEF	Association Senegalaise pour le Bien-Etre Familial
AWRO	Arab World Regional Office, IPPF
BEMFAM	Sociedade Civil Bem-Estar Familiar no Brazil
CA	Cooperating agency
CO	Central Office, IPPF
CTO	Cognizant technical officer
DFID	Department for International Development, United Kingdom
ENRO	European Network Regional Office, IPPF
ESEAORO	East, Southeast Asia and Oceania Regional Office, IPPF
FP	Family planning
FPA	Family planning association
FPAK	Family Planning Association of Kenya
FPLM	Family Planning Logistics and Management
FPMMD	Family Planning Management and Development
G/PHN	Bureau for Global Programs, Field Support and Research, Center for Population, Health and Nutrition, USAID
GLAD	Global Advocacy, Scientific Experience, Youth and Gender, IPPF
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
ICPD	International Conference on Population and Development
IEC	Information, education and communication
IMAP	International Medical Advisory Panel, IPPF
IMS	Integrated management system
IPPF	International Planned Parenthood Federation
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
JOICFP	Japanese Organization for International Cooperation in Family Planning
MSH	Management Sciences for Health
NGO	Nongovernmental organization
NORAD	Norwegian Agency for Development Cooperation
PPBR	Program planning, budgeting, and reporting system, IPPF
RH	Reproductive health
RO	Regional Office, IPPF
SARO	South Asia Regional Office, IPPF
Sida	Swedish International Development Authority
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WHR	Western Hemisphere Region, IPPF
WHRO	Western Hemisphere Regional Office, IPPF

CONTENTS

	Page
Executive Summary	i
I. Background and Purpose	1
II. Methodology	3
Approach.....	3
Composition of Review Team	3
Key Features	3
Qualitative Interviews.....	4
Quantitative Surveys.....	4
Supporting Documentation	5
Process of Developing Key Findings and Conclusions	5
Other Donor Input.....	6
III. History of the Partnership.....	7
Strategic Convergence	7
Grant History	7
IV. Unique Contribution and Comparative Advantage of the Federation	10
Value and Reputation of the Federation	10
Governance and Role of Volunteers	13
Secretariat Role and Function.....	15
Resource Allocation within IPPF.....	21
Program Leadership	22
Advocacy	26
Developing Sustainable Institutions through Capacity Building.....	29
Developing Sustainable Institutions through Resource Mobilization	31
Commodity Procurement and Logistics Management.....	37
V. Quality Assurance and Results Management.....	40
Strategic Planning and Results Measurement.....	40
Quality Standards for Service Delivery	41
Quality Standards for Operational and Institutional Performance.....	43
Standards of IPPF Membership	45
VI. Future IPPF/USAID Partnership	48
Overall Impact of IPPF	48
Convergence of USAID's and IPPF's Goals and Objectives	49
Future USAID/IPPF Partnership.....	50

TABLES

1. Regional Office and FPA Site Visits	4
2. Level of USAID/Washington Funding for IPPF, 1970–84	8
3. Amount Obligated to IPPF by G/PHN in Each Fiscal Year, 1993–2000	8
4. Income/Expenditures for IPPF, 1999.....	12
5. Magnitude of IPPF’s Worldwide Financial Activity	12
6. Core Grant Allocations to FPAs and the Secretariat for Program and Operational Expenditures, 1999.....	22
7. Federation Income, 1999	32
8. FPA Progress in Reducing Dependence on IPPF Funding	33

APPENDICES

- A: Key Findings and Conclusions (as negotiated, Fall 2000)
- B: Review Team Members
- C: Summary of Survey Data
- D: Documents Produced by the Joint Review Team
- E: Background Documents for the Joint Review

EXECUTIVE SUMMARY

PURPOSE OF THE JOINT REVIEW

The partnership between the United States Agency for International Development (USAID) and the International Planned Parenthood Federation (IPPF) has a long history, dating back to 1970. As the current USAID grant nears completion, IPPF and USAID agreed on the value of jointly reviewing experience to date so as to make an informed decision about the future of the partnership.

SCOPE OF THE JOINT REVIEW

In the scope of work for the joint review, IPPF and USAID defined three main areas of focus:

1. IPPF's added value to its members in advocacy, programmatic leadership and innovation, institutional capacity building, and technical and logistics support;
2. IPPF's role in setting and promoting standards and in measuring the results of its work; and
3. IPPF's role as an international leader in sexual and reproductive health¹ (SRH) and its potential as a valuable partner for USAID.

In addition, the scope of work stated that the joint review will examine these three elements at the three levels of the Federation: the Central Office (CO), the six Regional Offices (ROs), and the family planning associations (FPAs). Special attention is directed towards the ROs because of USAID's limited knowledge of their role.

METHODOLOGY

USAID and IPPF agreed from the outset that the joint review was not to be an evaluation of the past but rather an analysis of the present, undertaken for the purpose of gathering the information needed to develop future options for the partnership. The two organizations also agreed that the process of joint learning would be an important element of the joint review. These agreements shaped the methodology, in particular, the need to have the review team systematically collaborate in developing the methodology, collecting and analyzing information, and articulating the key findings and conclusions. The review team included approximately 10 people from each organization, out of which tripartite teams composed of IPPF, USAID, and an independent consultant were formed to jointly conduct all interviews and collectively develop trip reports. Tripartite teams carried out almost 370 interviews with the following types of respondents:

¹ Sexual and reproductive health (SRH), the term used in IPPF documents, is used in this document as equivalent to family planning and reproductive health (FP/RH), the term most often found in USAID documents.

- Staff, volunteers, and stakeholders at the three levels of the Federation's structure, that is, the CO, 6 ROs, and 16 FPAs (2–3 per region);
- IPPF's donors;
- USAID cooperating agencies (CAs);
- USAID's Bureau for Global Programs, Field Support and Research, Center for Population Health and Nutrition (G/PHN) in Washington, DC;
- Regional Bureaus in USAID/Washington; and
- USAID Missions in the field.

In addition, quantitative data were collected through a survey completed by 150 respondents representing IPPF staff at all levels and USAID staff in Washington and at the country level.

FINDINGS AND CONCLUSIONS

The findings and conclusions were developed through a highly participatory team process that was followed by a review and selection process at senior levels in IPPF and USAID. The full text of the jointly developed and negotiated key findings and conclusions is contained in appendix A.

OVERARCHING FINDINGS

There are three overarching findings that validate the partnership and provide a foundation for continued support:

- **IPPF Value and Reputation:** IPPF has many comparative advantages. It sparked a worldwide family planning movement, and it nurtures indigenous SRH nongovernmental organizations (NGOs), many of which carry out very valuable activities at the country level, often in a leadership role. IPPF works as a highly trusted partner of government, frequently able to positively influence governments in this sensitive area. IPPF provides a range of tangible benefits to its members, such as legitimacy, technical information, clinical guidelines and operating standards, core funds, and participation in an international network.
- **Setting, Promoting, and Monitoring Standards:** IPPF wants to build on its strengths and continue to tackle weaknesses. Donors and IPPF agree on the need to accelerate and institutionalize the pace of reform, in particular, in the areas of governance, resource allocation, enforcement of standards, and development of a results orientation.
- **Programmatic Leadership:** IPPF's core work continues to be family planning. Based on its Vision 2000 Strategic Plan, it has expanded into a

broader SRH agenda and is engaged in programs with youth, human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), sustainability, and advocacy. To better support its SRH agenda, IPPF and FPAs need to be more selective in identifying SRH priorities, develop strategic approaches complemented by technical support from ROs, and enhance FPA management, planning, and evaluation capacities.

KEY FINDINGS AND CONCLUSIONS

1. Governance/Volunteers

To fully realize the value of volunteers, governance reforms need to be undertaken at the country level. Boards need the infusion of new members who provide age and gender balance and bring knowledge of current SRH trends and needs. Modern board practices need to be implemented where boards are engaged at the policy and strategy levels, with general oversight and fundraising responsibilities. There is a critical need to clarify the roles of volunteers and management and to undertake training related to their functions.

2. Mission/Target Group

Given IPPF's changed operating environment—reduced funding, a broader mandate per the Cairo International Conference on Population and Development (ICPD), and heightened demand—it is pursuing the broad agenda contained in its Vision 2000 Strategic Plan, which can be tailored by ROs and FPAs to fit with regional and national priorities. However, IPPF needs to explicitly reconcile its mission of serving low-income groups with the need for FPAs to generate additional income for financial sustainability purposes.

3. Resource Allocation

The current resource allocation system directs most resources to FPAs in the poorest countries. However, the absence of clear criteria to guide allocation of resources among these priority FPAs may undermine needs-based decision-making. Resource allocation to the Secretariat (CO and ROs) relies mainly on historical precedent and other factors not based on evolving needs. IPPF needs to enforce and/or introduce a uniform, needs-based, transparent approach for allocating financial and technical resources throughout the Federation.

4. Program Leadership/ICPD Programme of Action

FPAs are initiating innovative activities with youth, men, gender, and HIV/AIDS, and are also making progress in moving from family planning to broader SRH services, but with little or uneven technical guidance and access to worldwide experience. To address this, IPPF needs to develop a strategic approach to new priority program areas buttressed by strong technical support, in particular for youth and HIV/AIDS, as well as to define a basic package of integrated SRH services and ensure that current and future contraceptive needs are satisfied.

5. Advocacy

IPPF's positive name recognition and ongoing dialogue with governments, foundations, and donors provides strong advocacy potential. Currently, IPPF makes uneven use of its advocacy potential and has lost some ground to others who are more vocal on such issues as women's empowerment, abortion, and HIV/AIDS. To regain its leadership position, IPPF needs to be proactive and treat advocacy as a program area, with a strategy and defined advocacy agenda.

6. Developing Sustainable Institutions

Resource Mobilization

Funding has declined dramatically, making sustainability a priority issue for both IPPF and FPAs. FPAs have made progress in promoting sustainability but IPPF needs to provide more support in this area through a clear sustainability strategy, access to relevant experience, and technical assistance. Financial sustainability initiatives are understaffed, suffer from inadequate marketing information, and have not been able to prevent revenue reduction in IPPF's core budget. The fact that IPPF, on the whole, is understaffed and underfunded, must be taken into account. IPPF needs to review and strengthen its marketing strategy and resource mobilization staffing. Both USAID and IPPF need to be aware of the risk of reducing support to successful, high-performing programs too quickly.

Capacity Building

- **Regional Offices:** IPPF's regional structure is an excellent way to support FPAs, allowing capacity building to be provided in the context of regional SRH needs. ROs are at the front line in building FPA capacity and supporting FPA work, but generally do not have sufficient resources to carry out these functions. ROs need to identify key FPA technical assistance requirements and develop a plan for technical assistance and staffing. Based on a clear division of Secretariat functions (possibly an area of need for review and redesign), IPPF needs to create a system to ensure technical assistance and regular support visits of RO staff to FPAs. The Africa RO needs strengthening as a matter of particular urgency.
- **USAID Cooperating Agencies (CAs):** USAID CAs represent potential sources of specialized technical assistance for all levels of the Federation. Some FPAs have benefited greatly from such technical assistance. To optimize the use of CAs, IPPF needs to be proactive in identifying technical assistance needs and access these resources in a strategic and corporate manner. USAID can facilitate this process.

7. Quality Assurance

Accreditation

IPPF has a good set of membership standards but the current system of self-certification has resulted in great variation in quality and performance among FPAs because standards are not rigorously followed or enforced. Membership standards are now being updated and a formal accreditation system is being developed. This effort should be accelerated. The enforcement of standards needs to be independent and rigorously applied.

Quality of Care

Good medical and quality-of-care guidelines exist for clinics. The International Medical Advisory Panel (IMAP) plays a strong and very useful normative role within the Federation. However, IPPF lacks a system for ensuring that these guidelines are implemented or for providing technical support to improve the quality of clinical services. IPPF needs to be rigorous in implementing medical and quality-of-care standards and guidelines at all FPA service delivery sites. To achieve this, IPPF needs to develop and fully institutionalize quality assurance systems that include routine monitoring and related technical assistance.

8. Performance Monitoring

Monitoring and Evaluation

There is no uniform approach to monitoring and evaluation throughout the Federation nor is there much capacity in this area, which undermines its ability to articulate achievements and use them for reporting, positioning, and marketing. Current monitoring efforts fall short of measuring results; reporting is biased towards FP and is unable to fully capture the range of IPPF's SRH activities. IPPF is now developing an integrated management system (IMS), which is being designed to improve the measurement of results and the range of SRH activities. IPPF should accelerate the implementation of this system, and as a matter of urgency, develop a uniform and systematic approach to evaluation that builds on the IMS framework.

Capturing and Sharing Best Practices and Lessons Learned

IPPF has created some of the best SRH responses and models. However, the Federation does not adequately document and share these models, in large part due to weak capacity in evaluation. IPPF needs to strengthen its identification and dissemination of successful approaches.

9. IPPF/USAID Relationship

There is high interest on the part of USAID and IPPF in increased dialogue and mutual engagement. IPPF and USAID should seek opportunities to exchange information on their priorities, strategies, and field experiences. Also, relationships between USAID (G/PHN and Missions) and ROs should be strengthened.

10. Expectations

Both USAID and IPPF see the value of continuing the relationship. Both parties support having any future partnership hold IPPF accountable, with clearly articulated results and benchmarks of achievement, applied equally to both core and earmarked funds. IPPF should develop a concrete plan for achieving the key actions identified by the joint review and the various ways these might be supported to provide the basis for joint consultations on the future of the partnership. The president of IPPF has requested that the six regional councils include the joint review in the agenda of their 2001 annual meeting.

STATUS AND NEXT STEPS

IPPF senior management, following its concurrence with the key findings and conclusions of the joint review in early October 2000, initiated the development of a plan of action that will set out the main reform and program activities needed to implement the key findings and conclusions of the review. At the presentation of the key findings and conclusions to IPPF's donors in late October 2000, it was agreed that the development of the action plan would take into account prior evaluations—in particular, the trilateral evaluation carried out in 1998 by the Department for International Development, United Kingdom (DFID), Norwegian Agency for Development Cooperation (NORAD), and the Swedish International Development Authority (Sida). At the presentation of the joint review's key findings and conclusions to IPPF's volunteers at their November 2000 Governing Council meeting, the president of IPPF noted the similarities of the findings and conclusions of both the trilateral evaluation and the joint review and urged action on their recommendations. The action plan will, in all likelihood, entail a funding request of such breadth and scope that opportunities will be created for a number of IPPF's donors.

I. BACKGROUND AND PURPOSE

In 1993, the United States Agency for International Development (USAID) authorized a \$75 million, five-year grant to provide core support and funding for the Vision 2000 Fund.² In doing so, USAID resumed support to the International Planned Parenthood Federation (IPPF), the world's largest sexual and reproductive health (SRH) nongovernmental organization (NGO), after an eight-year hiatus in funding resulting from IPPF's decision not to agree to the Mexico City Policy.³ The grant was later extended from five to eight years (September 2001). As the grant neared completion, USAID and IPPF agreed on the value of jointly reviewing the experience to date and developed the following purpose statement:

The joint review will identify the strategic convergence between the two entities, IPPF's comparative advantage, and optimal areas for collaboration, so as to make an informed decision about the future of the partnership.

The environment for SRH has evolved over the course of the current grant. Donors and governments have recognized SRH needs and publicly pledged additional resources at international conferences in Cairo and Beijing, although overall official development assistance has declined. Private foundations have dramatically increased support for health while the proliferation of NGOs is helping to expand SRH access. However, the daunting challenges of the human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) epidemic, civil disruptions, and natural disasters continue to ravage communities and deplete health care resources. In the years to come, funding for health, especially for SRH, will be stretched even further by population momentum and the entry into the reproductive age group of the largest ever generation of youth. To face these challenges, governments and donors need the participation of the private and NGO sectors, and for all sectors to work toward the same goals.

The changing environment also affects the IPPF/USAID relationship. USAID is now working with limited funding and legislative restrictions and responding to reforms within the U.S. government that stress results. Increasingly, USAID is placing additional demands on its partners and turning to organizations that have strong technical and managerial capacity, can respond quickly and with agility, and have strong track records in producing positive results.

IPPF has been managing its own process of change. The most important has been governance reform that has cut the number of volunteers on its Governing Council by 40 percent, reduced governance costs by 50 percent, and reduced the Secretariat budget from 27 to 20 percent of an already slim budget. These efforts are substantial but have not counterbalanced the impact of waning donor funding to the Federation at the Central Office (CO) level. Between 1995 and 2000, IPPF's income declined from \$127 million

² Source: "The USAID/IPPF Partnership: Scope of Work for a Joint Review," March 2000.

³ The Mexico City Policy stipulated that no organization receiving USAID funds could engage in any abortion-related activities, even with non-USAID funds.

to less than \$80 million, while the number of its affiliates increased to over 150 member countries.

While the funding decline has occurred for a number of reasons (including exchange rate losses due to the increased value of the U.S. dollar), it sets a clear challenge for IPPF in the years to come. To maintain current support and attract additional funding for its members, IPPF must show that it has a competitive edge in carrying out SRH advocacy, providing SRH information and services, reaching marginal populations (including youth), maintaining clinical and operating standards, and advancing sustainability. The joint review has helped advance this process by clarifying IPPF's considerable contributions, in addition to identifying areas that need to be strengthened.

As a testament to the success of the joint review, IPPF senior management, following its concurrence with the key findings and conclusions of the review (see appendix A) in early October 2000, initiated development of an action plan of reform and program activities for implementing the findings and conclusions. At the presentation of the key findings and conclusions to IPPF's donors in late October 2000, IPPF ratified that development of the action plan would take into account other donor input, in particular, the trilateral evaluation carried out in 1998 by the governments of the United Kingdom (Department for International Development [DFID]), Norway (Norwegian Agency for Development Cooperation [NORAD]), and Sweden (Swedish International Development Authority [Sida]). The action plan will, in all likelihood, entail a funding request of such breadth and scope that will allow participation by a number of IPPF's donors.

II. METHODOLOGY

APPROACH

A joint review represents a highly appropriate approach for assessing the longstanding partnership between USAID and IPPF, taking into consideration IPPF's history, geographic reach, technical breadth, and institutional complexity.

USAID and IPPF agreed from the outset that the joint review was not to be an evaluation of the past but rather an analysis of the present, undertaken for the purpose of gathering the information needed to develop future options for the partnership. It was also agreed that the process would be an important element in the process of joint learning and discovery. These agreements shaped the methodology, in particular, the need to have the review team systematically collaborate in developing the methodology, collecting and analyzing information, and articulating the key findings and conclusions. A major measure of the success of this approach is the high degree of participation and joint ownership of the process and outcomes of the joint review by both USAID and IPPF staffs.

COMPOSITION OF REVIEW TEAM

The review team included approximately 10 staff each from USAID and IPPF and 6 independent consultants, one of whom served as the team leader. Reflecting the objective of joint learning, most review activities were carried out in tripartite teams with representatives from both IPPF and USAID along with a consultant as team leader. In the context of the joint review, the team leader facilitated consensus, collaborative information processing, and the consolidation of findings. (For a complete list of review team members, see appendix B.)

KEY FEATURES

Key features of the joint review included

- systematic collaboration through which the review team helped develop the methodology, including the questionnaire for IPPF and USAID staffs, interview guides for all audiences, an audience feedback plan, a travel plan, and a report outline;
- alignment between the scope of work, questionnaires, interview guides, and outline to reflect three main themes: the added value of the Federation, its role in setting standards and measuring results, and its role as an SRH leader and partner;
- tripartite teams (IPPF, USAID, and consultant) for all review activities to develop common understandings and to build ownership through participation;

- qualitative and quantitative approaches, through the use of questionnaires and interviews, to create complementary data sources;
- team development of findings and conclusions, followed by organizational input through team efforts to solicit comments in their respective organizations and through multiple presentations to senior management, donors, and volunteer leadership; and
- IPPF's matching contributions as a measure of organizational commitment, including significant senior staff and consultant time.

QUALITATIVE INTERVIEWS

Qualitative interviews were undertaken at the three levels of IPPF (CO, Regional Offices [ROs], and family planning associations [FPAs]) with professional staff and volunteers; with USAID at the Bureau for Global Programs, Field Support and Research, Center for Population, Health and Nutrition (G/PHN), Regional Bureau, and Mission levels; and with a range of other stakeholders, including governments, donors, USAID cooperating agencies (CAs), and other NGOs. A total of 368 interviews were conducted. RO and country FPA visits are shown below.

Table 1
Regional Office and FPA Site Visits

Regions and Regional Offices	Countries and FPAs
Africa Regional Office (ARO), Kenya	Kenya, Senegal, South Africa
Arab World Regional Office (AWRO), Tunis	Jordan, Tunisia, Palestine (West Bank/Gaza), Egypt
East, Southeast Asia and Oceania Regional Office (ESEAORO), Malaysia	Indonesia, Malaysia
European Network Regional Office (ENRO), Belgium	Poland, Russia
South Asia Regional Office (SARO), London	Bangladesh, India
Western Hemisphere Regional Office (WHRO), New York	Brazil, Guatemala, Guyana

QUANTITATIVE SURVEYS

Two almost identical questionnaires, one for IPPF and one for USAID, were distributed to G/PHN staff (in Washington and to Missions), and to IPPF's professional staff and volunteers at the global, regional, and country levels. One hundred and fifty questionnaires were completed, including 116 from IPPF (primarily Africa and the Western Hemisphere Region [WHR]), of which 56 percent were from professional staff and 44 percent were from volunteers, and 34 from USAID, which represented a 50 percent response from 52 Missions. Survey respondents were asked to rate how strongly

they agreed or disagreed with a set of 44 statements about the Federation's efforts. Their level of agreement on each was scored and then expressed as a percentage of the maximum possible (0–100 percent). Averages for each question were calculated, with the overall average being 82 percent. Information on the variance in the score distribution was used to construct high (85 percent or higher), moderate (76–84 percent), and low (75 percent and below) categories. In the report, the survey data are presented in the relevant sections alongside interview findings and also in a summary table in appendix C.

In general, the survey findings and conclusions supported those of the interviews. In the small number of instances where this is not the case, more weight was given to the interviews for two reasons: more interviews were carried out with a greater range of stakeholders, and the complexity of the Federation lends itself best to the insights possible through qualitative assessment.

SUPPORTING DOCUMENTATION

This report is based on the analysis and review of a diversity of documents, including RO trip reports, FPA trip reports, summaries of interviews with donors and cooperating agency headquarters staffs and USAID/Washington staff, and the survey report. To promote group learning and build ownership, tripartite interview teams agreed on the general content of each trip and interview report. All the documents generated by the joint review are listed in appendix D.

PROCESS OF DEVELOPING KEY FINDINGS AND CONCLUSIONS

Review team members—each of whom had authored one or more of the trip, interview, or survey reports—were asked to provide the three to five key findings and conclusions that emerged from their work. A USAID consultant and an IPPF consultant collated the approximately 60 findings and conclusions received and presented them to the full team for group discussion. This rich input was used to develop a first draft of the key findings and conclusions, which was examined by the joint review team and followed by high-level input from jointly attended presentations to senior USAID and IPPF staff in Washington and Tunis.

This process identified strong consensus on the content and deepened the ownership and commitment to the findings and conclusions within each organization. This led IPPF to decide, at the Tunis meeting, to begin the development of an action plan for implementing the findings and conclusions, as the basis for joint IPPF/USAID consultations. The key findings and conclusions also were presented to IPPF's donors, who asked that the action plan take into account other evaluations conducted in recent years, especially the trilateral evaluation carried out by DFID, NORAD, and Sida. IPPF's Governing Council was informed of the results of the joint review through the president's and director-general's reports at its regular meeting in London in mid-November 2000. The review report was jointly written with input from all parties.

OTHER DONOR INPUT

All major donors supporting the Federation were surveyed and provided input that was integrated into the findings and conclusions of the joint review. Also integrated into this report are the findings and recommendations of the *Performance Assessment of IPPF: Policy and Effectiveness at Country and Regional Levels* (1998), a trilateral evaluation commissioned by the Norwegian Agency for Development Cooperation (NORAD) and the government international aid agencies of Sweden and the United Kingdom (Sida and DFID).

III. HISTORY OF THE PARTNERSHIP

STRATEGIC CONVERGENCE

Overall, USAID and IPPF share many goals and ideals. The natural consequence of these similarities has been a solid partnership in terms of efforts to improve SRH programs for families and individuals worldwide.

Areas of strategic convergence are evident in the analysis of IPPF's and USAID's mission statements. Under its Strategic Objectives, USAID plans to reduce unintended and mistimed pregnancies, reduce maternal mortality and adverse health outcomes which result from pregnancy and childbirth, and increase the use of voluntary practices that contribute to reducing fertility, protecting human health, and stabilizing world population growth. Similarly, IPPF's mission statement speaks of the need to promote and defend the right of women, men, and young people to decide freely the number and spacing of their children, and the right to the highest possible level of SRH. Additionally, IPPF strives to advance the FP movement among the underserved by addressing their growing unmet need and demand for SRH.

Specifically, as primary goals, both USAID and IPPF aim to increase access to and use of voluntary family planning and other sexual and reproductive health services. Both believe that the decision to limit or space family size is best left to individuals and couples and should be fully voluntary. Both are committed to improving SRH services; focusing on the needs of underserved women, youth, and families; educating women and men about SRH; improving maternal health; empowering women; and reducing HIV/AIDS and sexually transmitted infections (STIs).

GRANT HISTORY

USAID became a major donor to IPPF in 1970 when it provided an initial grant of almost \$1.9 million. USAID contributions increased steadily and then reached a plateau of about \$12 million until December 1984, when, as a result of its decision not to accept the Mexico City Policy, IPPF no longer received direct support from USAID. (See table 2 on the following page.)

During the period from 1985 to 1993, USAID funding was limited to those parts of the Federation that agreed to the terms of the Mexico City Policy—individual FPAs, which received bilateral funds from USAID Missions, and the Western Hemisphere Region, which received funding from G/PHN.

Following rescission of the Mexico City Policy with the change of U.S. administrations in 1993 and IPPF's adoption of the Vision 2000 Strategic Plan in the same year,⁴ USAID and IPPF negotiated resumption in funding starting in fiscal year 1994. USAID global

⁴ The Vision 2000 Strategic Plan was developed through a participatory process in the Federation and adopted by the Members Assembly in 1992. It commits IPPF and its member FPAs to ensuring the "right of all people to the highest possible level of SRH and well-being" through advocacy and increased access to a broad range of quality SRH services and programs.

funding for IPPF included core and restricted funds (initially designated for the Vision 2000 Fund, and later, for special initiatives in sustainability and youth). USAID funds also were provided to support operational and programmatic costs of these initiatives at the Central and Regional Offices and of grant-receiving FPAs. USAID Missions also provided bilateral funding to IPPF affiliates at a level of \$18.3 million worldwide in 1999. USAID G/PHN funding levels from 1970 to 1984 and from 1993 to date are summarized in tables 2 and 3 below.

Table 2
Level of USAID/Washington Funding for IPPF, 1970–84
(U.S. Dollars, in millions)

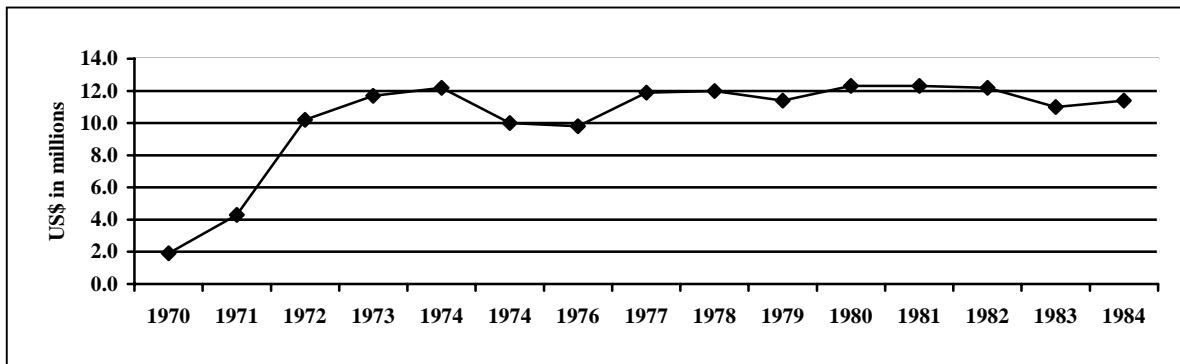


Table 3
Amount Obligated to IPPF by G/PHN in Each Fiscal Year, 1993–2000

Year	IPPF/London (Global)	WHR Only
1993	\$26,200,000	\$6,500,000
1994	\$901,750	\$15,223,000
1995	\$9,000,000	\$14,056,000
1996	\$7,000,000	\$2,502,964
1997	\$7,146,000	\$5,299,000
1998	\$5,739,000	
1999	\$5,800,000	
2000	\$5,000,000	

Highlights of USAID funding include:

- In 1994, IPPF and donors conceived of the Vision 2000 Fund, whereby 7 percent of core funds are used to help FPAs develop new activities that reflect the broader range of SRH activities needed to implement the Vision 2000 Strategic Plan. When USAID restored funding to IPPF, it designated part of its support to Vision 2000 Fund activities.
- In 1998, USAID designated funds for two new initiatives in youth and sustainability to strengthen the capacity of selected FPAs in Africa and other regions to develop and implement youth/SRH model programs and to identify strategies for FPA financial and institutional sustainability.

- Project (restricted) funding from the Vision 2000 Fund and the youth and sustainability initiatives were intended to help IPPF and FPAs develop their capacity to work and systematize their activities in these areas.
- WHR continued to receive direct funding from USAID/Washington through 1997, when USAID concluded its assistance under its Transition Project and established an endowment for WHR.
- In addition to monetary funding, G/PHN has a memorandum of understanding with IPPF, under which it provides contraceptive commodities to specific FPAs based on orders placed by the IPPF CO.
- In addition to G/PHN funding to IPPF, many individual FPAs continue to receive substantial funding—and in some cases, contraceptives and/or other commodities—directly from USAID Missions or through USAID CAs.

IV. UNIQUE CONTRIBUTION AND COMPARATIVE ADVANTAGE OF THE FEDERATION

VALUE AND REPUTATION OF THE FEDERATION

The joint review examined the current relevance, value, and reputation of the Federation. All interviews included a question on the advantages of the Federation for supporting SRH programs, and asked respondents to state what would be lost if the Federation ceased to exist in its federated structure.

Interview Findings

Remarkable unanimity exists regarding the great value of the Federation. Respondents repeatedly voiced the opinion that IPPF has done more than any other organization to conceptualize and put into operation the International Conference on Population and Development (ICPD) Programme of Action. When faced with the hypothetical question regarding what would be lost if the Federation were to cease operations, the general response was that this would be a great loss to the SRH movement, a victory for those that oppose family planning and reproductive rights, and, perhaps most importantly, a strong sense that the Federation would need to be recreated.

IPPF has many comparative advantages. Of IPPF's numerous achievements and comparative advantages, the following are the most notable:

- **Program pioneer:** IPPF has been a pioneer in developing a worldwide family planning (FP) movement that has brought about major social change. Based on the Vision 2000 Strategic Plan of 1992 that predated the ICPD, IPPF continues to experiment with and create receptivity to new concepts and activities related to a broader SRH agenda and constellation of services and programs. At all levels—CO, RO, and FPA—IPPF is engaged in programs in priority areas, such as youth, gender violence, and reproductive rights.
- **Indigenous SRH NGO development:** IPPF is the largest SRH NGO in the world, and the only one that systematically creates and/or nurtures indigenous SRH NGOs that are organically linked to and highly effective within their national sociocultural contexts. Beyond advancing SRH, this contributes to other goals of developing civil society and building democratic institutions. IPPF supports its FPAs in many ways. It provides a stable source of core funding; technical information, new ideas, and updates on worldwide SRH trends; and high-quality standards and guidelines for clinical and institutional practice that often set the standard for government and others in many of the 180 countries in which IPPF works. Being a member of IPPF confers legitimacy to FPAs working on sensitive issues as well as protection in hostile environments.

- **Trusted partner to government:** In almost all countries, FPAs work as trusted partners of government, helping to advance progressive national SRH agendas. FPAs are often the main source of authoritative SRH information.
- **Remarkable network, presence, and reach:** The sheer presence and reach of IPPF's worldwide network is perceived as very valuable. This lends strength to its name that keeps government and donor attention on critical SRH issues, mobilizing much needed funds. In the grant-receiving elements of the Federation, IPPF income in 1999 was almost \$222 million (see tables 4 and 5 on the following page). In some countries, IPPF is the main source of SRH services and programs. This has special significance in countries where USAID has not had a presence or is phasing out its presence.

Many areas need strengthening; IPPF is eager to make improvements. These areas include the absence of strategies and technical support to guide activities in program priority areas, such as youth and advocacy; the high level of variation in quality and performance among FPAs and ROs, which negatively affects IPPF's reputation and effectiveness; and the lack of a monitoring and evaluation culture and results orientation throughout the Federation. However, to IPPF's credit, it is a learning organization where staff members are eager to receive and integrate feedback and where there is strong support to continue to address weaknesses and build on strengths. In fact, IPPF is currently engaged in a number of efforts aimed at addressing weaknesses (e.g., governance reform, accreditation, and managing information systems).

Survey Finding

Survey respondents showed a high level of agreement (86 percent) that the availability of SRH services in country is greatly strengthened by the Federation's support. This rating increases in countries where both IPPF and USAID are present.

Conclusions

- The Federation is playing a very important role and needs to be preserved and strengthened.
- IPPF's efforts to address weaknesses and build upon its strengths deserve to be supported.

Table 4
Income/Expenditures for IPPF, 1999
(in U.S. \$000)

INCOME		
GRANTS FROM GOVERNMENTS		\$74,598
Unrestricted	\$68,273	
Restricted	\$6,325	
GRANTS FROM MULTILATERAL ORGANIZATIONS, FOUNDATIONS, AND OTHERS		\$9,574
OTHER INCOME (Interest, etc.)		\$1,635
TOTAL INCOME		\$85,807
EXPENDITURES		
SECRETARIAT		\$25,650
Secretariat Administration	\$2,785	
Secretariat Activities	\$4,382	
Regional Offices Administration	\$3,047	
Regional Offices Activities	\$15,436	
GRANTS TO FPAs		\$49,367
Africa Region	\$18,429	
Arab World Region	\$4,214	
East, Southeast Asia and Oceania Region	\$4,939	
European Region	\$1,611	
South Asia Region	\$10,443	
Western Hemisphere Region	\$7,986	
Other Countries	\$140	
JOICFP* Integrated Projects	\$1,605	
GOVERNANCE AND INTERNATIONAL CONFERENCE SERVICES		\$2,323
INTERNATIONAL ACTIVITIES		\$1,770
TOTAL EXPENDITURES		\$79,110

*JOICFP = Japanese Organization for International Cooperation in Family Planning

Table 5
Magnitude of IPPF's Worldwide Financial Activity
(in U.S. \$000)

Total Income IPPF Central Level	\$85,807
Local International Grants to FPAs	\$42,556
FPA Generated Local Income	\$93,601
Total IPPF Worldwide Income	\$221,964

GOVERNANCE AND ROLE OF VOLUNTEERS

Reform Progress

IPPF's governance and volunteer structure has undergone much reform over the last few years at the central and regional levels, the benefits of which are beginning to be seen. Governance reform was initiated in 1995, when the Members' Assembly called for a review of the governance and volunteer structure as a way of improving the Federation's ability to implement the progressive goals of the Vision 2000 Strategic Plan. Recommendations made by the task force charged with this responsibility were adopted by the November 1998 Members' Assembly.

The task force noted that for IPPF to "retain its leading edge in an increasingly competitive field," it would "need high quality volunteers with specialized skills and expertise to provide the required professionalism and leadership."⁵ Among FPAs, 85 percent agreed that changes in the governance structure were needed to address cumbersome decision-making that undermines innovation, to improve representation, to reduce use of resources for bureaucratic versus programmatic purposes, and to create a governance concept that discourages volunteer involvement in day-to-day management. Importantly, the report focuses governance responsibility on policy setting, strategic planning, and transparent accountability.

Key Features of the New Governance Structure

Now fully implemented, the new governance structure reduces the number of governance bodies and the cost of governance, and increases the participation of women and youth in governance. Key features include the following:

- One decision-making body at the central level, the Governing Council, is composed of five representatives per region. Governing Council members are elected every two years and can serve a maximum cumulative total of 16 years.
- Two standing committees, audit and membership, have been formed. The latter committee is newly formed to review FPA constitutions and to make recommendations for membership and oversee monitoring of members' adherence to membership standards, including recertification.
- Gender equity has been advanced through a requirement for at least 50 percent participation of women in all IPPF governing bodies.
- Similarly, youth participation is being promoted by including at least one person under 25 years of age on governing bodies at all levels of the Federation.

⁵ Resolution on *The New IPPF Governance Structure*, IPPF, November 1998.

- Panels have been replaced by time-limited task forces, with the exception of the International Medical Advisory Panel (IMAP).
- The Members' Assembly has been replaced by the IPPF Forum, which meets as needed and on a self-funded basis.
- Regional structures have been reduced to the Regional Councils and regional executive committees.

Interview Findings

Notwithstanding this significant progress, and appreciating the highly valuable and defining role provided by the governance/volunteer structure, both the interview and survey data identified the need to

- continue efforts aimed at invigorating volunteer ranks and strengthening understandings and behaviors regarding the different roles of staff and volunteers and
- integrate modern board practices and undertake similar reforms at the FPA level as those in place at the regional and global levels in terms of streamlining, tenure, roles, and representation.

While governance reforms have increased the number of women and youth at the regional and central levels, this is not yet fully the case at the national level. IPPF needs to bridge the age gap between youth volunteers and other volunteers, and address the retention of youth volunteers after they reach age 25. The interviews also confirmed the need already identified by IPPF to develop a cadre of volunteers with skills and experience relevant to the changing SRH context and broadened SRH agenda.

The high turnover of professional staff among FPAs, especially among the very important level of executive directors, is related to staff–volunteer relationships, in particular overinvolvement of volunteers in day-to-day management. A recent survey conducted in IPPF's Africa region indicates that fully 50 percent of turnover among executive directors is due to such issues. In many FPAs, volunteers are often involved in routine management issues, such as recruitment of lower level staff, but are not as fully engaged in modern board functions where they are needed (i.e., in setting policy and strategy, providing general oversight, and assisting with fundraising and advocacy).

A key issue with respect to the two main findings is that those with the keenest understanding of current and evolving SRH trends and needs are not sufficiently included. This means that FPAs often lack the strategic direction needed to keep competitive. Overinvolvement in management dissipates the value of volunteers and has a strong disempowering effect on professional staff.

Survey Findings

IPPF received moderate ratings on governance, indicating the need for improvement.

- The Federation is effectively led by a mix of volunteers and professional staff (81 percent).
- Federation volunteers are effective leaders (77 percent).
- The Federation efforts have been effective in developing local FPA capacity to maintain a clear division of responsibilities between volunteers and staff (80 percent).

Conclusions

- Increase turnover and the number of young decision-makers, thereby improving the overall balance among age groups, and incorporate into the volunteer selection process criteria that encourage selection of individuals with orientations and expertise that can contribute to a broad SRH agenda.
- Design, adopt, and implement governance reforms at the country/FPA level.
- Promote use of modern board functions and practices (focus on policy, strategy, general oversight, fundraising, and advocacy).
- Provide role clarification training to volunteers and management as a priority.
- Provide executive directors with training in management, leadership, and effective board relations.

SECRETARIAT ROLE AND FUNCTION

The three layers of the Federation need to have clearly defined roles and responsibilities; each layer must be able to indicate and demonstrate how it can add value. Clearly defined roles and responsibilities would also go a long way to alleviating some of the politics that undermine collaborative working relationships. (IPPF survey respondent)

Given the size and cost of the organizational infrastructure associated with a federation, a major review task was examining IPPF's 3-tier structure. The 3-tier structure consists of a Secretariat with two levels—a CO in London and six regional offices based in each of IPPF's six regions⁶—supporting 146 member associations that work at the national level in more than 180 countries. While the functions and added value of the two levels of the Secretariat were examined, ROs were of special interest, as the USAID/IPPF partnership to date has generally involved FPAs and the CO (with the notable exception of WHR).

⁶ When the South Asia Regional Office (SARO) relocates in 2001 to the region, all the ROs will have moved from London.

Like many similar global organizations, IPPF has undergone shifts over time to centralize and decentralize. Prior to the unification of the Secretariat to include both the CO and the ROs in 1977, each RO reported directly to regional volunteers. In 1990, the secretary general (the title at the time) initiated the policy of “subsidiarity,” which gives those closer to the action responsibility for decisions. This was viewed as sharing power with the periphery (not as decentralization) while maintaining certain functions at the center—in this case, responsibility for policy and finances. As part of this shift, ROs were to relocate within regions and some functions, such as monitoring and evaluation in 1996, were devolved to the regions. As with monitoring and evaluation, this devolution was not always accompanied with specific resources or clear plans on how regions would assume responsibility. Many of these shifts had far-reaching implications for IPPF. For example, the shift in monitoring and evaluation responsibility to the regions has reduced IPPF’s ability to present a unified programmatic account of its accomplishments based on Federation-wide accepted indicators and measures; efforts to redress this have yet to be fully implemented.

The Central Office, the Regional Offices, and resource allocation within the Secretariat are discussed in the sections below, followed by the conclusions of the joint review for the Secretariat as a whole.

Central Office

The CO has 10 main divisions, the heads of which make up the senior management team. These include the director-general’s office, the six ROs, and the three London-based divisions of Resource and Programme Development; Global Advocacy, Scientific Experience, Youth and Gender (GLAD); and Finance and Materials Management. IPPF’s organization chart is shown on the following page, with the numbers of CO staff and vacancies appended.

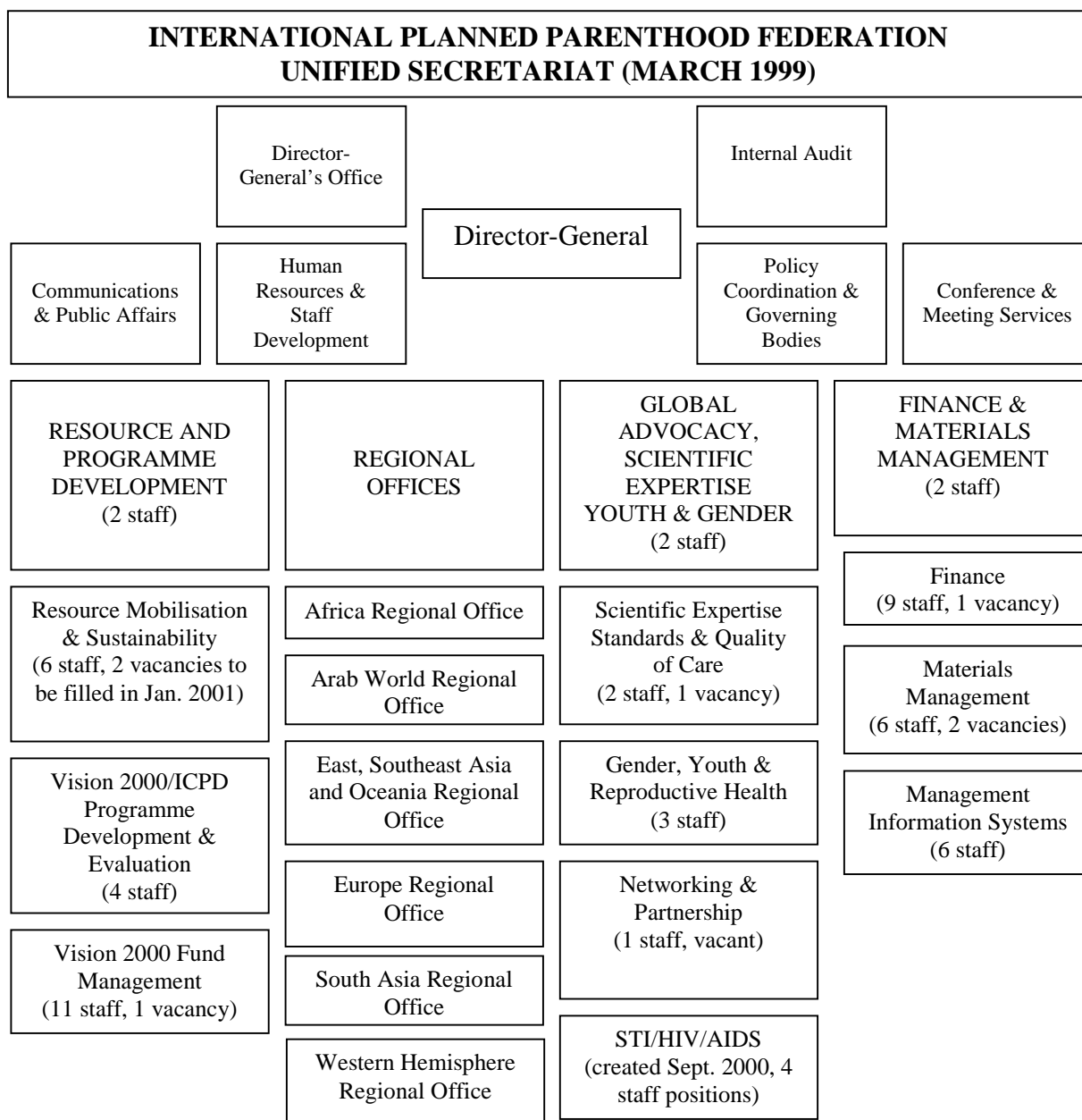
Survey Findings

Survey respondents gave moderate ratings to Federation efforts under the 3-tier structure:

- The Federation’s program and financial management function well under its current 3-level structure (76 percent).
- Executive leadership in the Federation is effective (79 percent).
- Secretariat assistance in grant management improves the effectiveness of the Federation’s efforts (81 percent).

Interview Findings

There are differing views on the role and function of IPPF’s levels. Interviews with CO staff revealed many different and sometimes competing visions on both the current and ideal role and function of each level of IPPF. It is likely that this is in part fueled by shifts over the last decade between centralization and decentralization, and the cutbacks from decreased funding and donor interest in downscaling administration. Functions continue to be rethought and reallocated; for example, there are discussions about



Source: International Planned Parenthood Federation

transferring part of the responsibility for the Vision 2000 Fund to the ROs and reorganizing monitoring and evaluation. In addition, the significant organizational implications of the integrated management system (IMS) have yet to be analyzed. Lack of clarity on the function and role of each level of the Federation may be addressed as a byproduct of the joint review, which crystallized the need for a definitive description. As a result, IPPF's senior management team decided at its October 2000 meeting to draft such a description as part of the action plan.

CO functions are being carried out by the minimum number of staff. Although the CO is meeting its budget targets, it may be doing so at the expense of having the minimum

staff necessary to carry out organizational functions required to support the Federation's work. This is exacerbated by the many vacancies that remain unfilled for long periods.

Management and communication problems affect morale. Management styles vary considerably, teamwork is uneven, and deep budget and staff cuts over the last three years have negatively affected morale. Staff meetings—for general staff, senior staff, or by division—take place infrequently and have only recently begun to be held on a regular basis. Information sharing and communication in general is ad hoc and not integrated into the institutional culture. A large number of staff members (14 total, including 6 regional directors, 3 CO directors, and 5 managers in the director-general's office) report directly to the director-general, with potential fragmentation and loss of synergy.

Staff development is not a priority. There are few mid-level staff members. Most staff members appear either to have worked for IPPF for many years and to have attained senior positions, or to be relatively new to IPPF and to hold junior positions. Recently, a number of staff members were promoted to the level of manager. Turnover is about 20 percent annually. Program development, not staff development, is the priority. All staff members are on open-ended or term-limited contracts (90 percent and 10 percent respectively, with the latter responsible for the Vision 2000 Fund, including the USAID-funded sustainability and youth projects). This approach reinforces the tendency to view staff as transitory as opposed to key assets of the organization in which to invest and to promote. Conversely, some employees view training as an admission of weakness, not as a tool for continuing to upgrade skills and management approaches.

Strategy development in key technical areas needs improvement. It is not clear why strategies are not developed more quickly to support priority technical areas, such as youth, sustainability, and gender; a strategy has only recently been developed for HIV/AIDS. This may be related to structural causes that need to be explored. Possible explanations include:

- inadequate technical linkages between the CO, RO, and FPAs that inhibit technical support needs from surfacing clearly;
- unclear assignment of responsibility for strategy development;
- insufficient staff with relevant capabilities;
- insufficient routine meetings/interaction between divisions where technical needs can surface and activities that are underway can be shared; and
- the need to improve the linkage between strategy development and program implementation.

Regional Offices

Structure and staffing differ among ROs. ROs are structured and staffed differently, according to the needs and historical growth of the regions. In some cases, such as ESEAORO, there are one or more suboffices. All ROs are staffed with program and

finance advisors who work in teams to provide country backup support to individual FPAs. Often, RO staff members provide support to specific countries and also serve as thematic specialists for specific technical areas. Additional positions/responsibilities include advocacy, resource mobilization, gender, youth, monitoring and evaluation, commodity support, and conference/workshop support.

ROs play a pivotal role in supporting FPAs. Interviews at USAID/Washington, donor, and CA headquarters revealed a very low level of knowledge about the Secretariat in general, especially about the ROs. However, regional field visits provided the review team with the opportunity to gain a much better understanding of the internal workings of IPPF and fully appreciate the truly pivotal role of ROs in the development and ongoing work of the FPAs. The ROs are clearly an excellent way to divide IPPF's many members into smaller subgroups that can be closely and realistically monitored and supported. At the same time, this approach helps tailor support to regional SRH priorities and sociocultural realities.

ROs have several essential functions. RO and FPA interviews at all levels indicated a clear and common conception of the RO role, as follows:

- primary point of FPA interaction with the Federation and critical link in the chain for technical and institutional capacity building;
- long-term institutional FPA capacity building in management, planning, finance, and reporting, in order to help build nationally competitive SRH organizations;
- regionally relevant technical support in a range of areas—gender, youth, sustainability, resource mobilization, commodity management—in the form of regional workshops, adaptation and transfer of successful FPA initiatives, and regional exchanges;
- support to executive directors, upon whom success at the country level depends; ARO serves as the secretariat for a regional association of executive directors in Africa;
- information, education and communication (IEC) and advocacy support, ranging from producing regional radio and television programs, creating print materials, promoting the Charter of Rights, and mobilizing elected officials; and
- support of regional governing bodies.

ROs have insufficient staff and range of skills. Generally, RO staff members are impressive, committed, and competent professionals, with strong and relevant academic credentials and work experience and indepth knowledge of the FPAs and their programs. Due to budgetary restrictions and management decisions, however, there are not enough staff members with the range of skills needed to properly support FPAs. Monitoring in the IPPF system is excellent but also very time-consuming. In some cases, it can fully

absorb the limited staff time available, to the detriment of strategy development, specialized technical support, and networking. Too often, ROs are understaffed in key areas, such as resource mobilization, monitoring and evaluation, technical specialties (youth, HIV/AIDS, gender), partnering/outreach, quality of care (to oversee implementation of service delivery standards), and commodity planning and management. These factors constrain the ROs from meeting the high demand for capacity building and technical support among FPAs. This contributes to the high variation in quality and performance of individual FPAs, which in turn negatively affects the success of the Federation and its image.

RO interface with the CO is not well defined. Although regional directors report to the director-general, and ROs function with considerable autonomy, the mechanics of day-to-day liaison between the CO and ROs on practical program matters are not well defined. The low level of interface between the CO and the ROs has a variety of impacts. For example, it has negatively affected the intended mainstreaming of systems and approaches for the management and implementation of projects using earmarked or restricted funding (Vision 2000 Fund, USAID-funded youth and sustainability initiatives). Rather, these activities and their supporting systems remain parallel, falling short of the intended effect of transforming how IPPF and its FPAs work in these areas. This is being partially addressed through the revised allocation of responsibilities for carrying out Vision 2000 Fund activities. Similarly, the USAID-funded initiatives in youth and sustainability, which are managed by the CO, have generated considerable resistance and frustration as currently organized because they do not sufficiently involve the ROs. As a result, implementation has been slow.

There is variation in RO capacity and performance. While the CO currently does not have responsibility for programmatic oversight of ROs, donors expressed considerable concern about the variation in RO performance (in particular, the ARO) and the need for a CO role in supporting and developing ROs. It is not clear that RO management, vision, and leadership continuity obtain the attention needed, at the expense of the overall performance of the Federation. Given the current allocation of responsibilities, CO staff does not make facilitative visits to ROs or develop interregional exchanges. However, financial functions are monitored closely. While the division of labor between the CO and ROs is a sensitive area that needs to be handled in the context of reporting lines and delegated authorities, there is a need to address donor concern about RO variation and support, which would normally be provided by a CO in similar organizational structures. This is most urgent in Africa, a priority region which includes 35 percent of IPPF's grant-receiving FPAs and 63 percent of countries classified in the category of highest need (see table 6 on page 22).

Conclusions

- Given the dramatically changed environment and the issues related to linkages among the levels of the Federation, IPPF may wish to consider engaging in a fundamental review of the Secretariat structure, to either confirm the existing structure or redesign some elements to strengthen teamwork and program effectiveness. The resulting plan and budget could be used as a convincing rationale for increased core funding.

- At a minimum, the description of the role and functions of each level of the Federation (part of the action plan) should be widely disseminated, discussed, and used for orientation and training of new and existing staff. If there is not as much consensus on the roles and functions as presumed here, an exercise to review and redesign the Secretariat structure should be undertaken.
- ROs need to identify key FPA technical assistance requirements in each region and develop a plan for direct and/or outsourced technical assistance provision (including use of USAID CAs and other sources of technical expertise) and structure and staff each RO accordingly.
- Based on a clear division of functions between levels according to the action plan, IPPF needs to create a system to ensure that delegated authorities of the director-general to the regional directors are effectively implemented. This might require an additional position in the CO that could be dedicated to interacting and supporting regional activities.
- ARO urgently needs strengthening.
- Human resource functions within the CO need to be strengthened to promote staff and team development, infuse new management approaches, and enhance communications.

RESOURCE ALLOCATION WITHIN IPPF

IPPF has created a system for allocating resources among FPAs that directs the bulk of funding to countries in greatest need. However, at the Secretariat level, resource allocation to the CO and ROs appears to a large extent to reflect historical precedent and other nonobjective factors.

Findings

Current core grant allocations to the Secretariat and FPAs for program and operational expenditures are shown in table 6 on the following page.

FPAs in the Africa Region receive the largest share of IPPF program and operational funds (38 percent), roughly proportional to the number of grant-receiving FPAs in the region (45 FPAs or 35 percent of the Federation total). However, the Africa Region's share of funding appears low relative to the number of category A (highest need) FPAs in the region (63 percent of all category A FPAs), especially given the magnitude and urgency of SRH needs in the region. This disparity in resource allocation may reflect, among other factors, the later emergence and more recent induction to IPPF membership of African FPAs, compared with FPAs in other regions.

In contrast, FPAs in the Western Hemisphere Region account for only 3.5 percent of category A FPAs in the Federation, but receive 17 percent of total IPPF program and

operational funds. The WHRO also receives a significantly larger share of the total Secretariat budget than any other regional office, except for the ARO.

Notwithstanding comparisons across regions, current funding levels constrain all ROs from staffing at the levels needed to provide sufficient support to FPAs. With current staffing, most ROs cannot carry out the desired level of two or three annual country FPA visits.

Table 6
Core Grant Allocations to FPAs and the Secretariat for
Program and Operational Expenditures, 1999

Secretariat and FPAs	Funds to FPAs (millions)	FPA Percent of Program and Operational Funds	Funds to Secretariat (CO and ROs) (millions)	Percent of Funds to Secretariat for Operational Costs	Number of FPAs ⁷				Percent of FPAs that Receive Grants	Percent of FPAs in Cat. A
					Grant Receiving	Cat. A	Cat. B	Other		
CO	NA	NA	\$8.5	42.5%	NA	NA	NA	NA	NA	NA
Africa Region	\$16.9	38%	\$3.3	16.5%	45	37	6	1C, 1O	35%	63%
Arab World Region	\$ 4.2	10%	\$1.8	9.0%	15	6	8	1C	12%	10%
East, Southeast Asia and Oceania Region	\$ 4.6	11%	\$0.8	4.0%	16	9	9	1C, 3O	13%	15%
European Network Region	\$ 1.0	2%	\$1.7	8.5%	19	0	1	16T	15%	0%
South Asia Region	\$ 9.9	22%	\$1.0	5.0%	7	5	1	1C	5%	8.5%
Western Hemisphere Region	\$ 7.7	17%	\$2.9	14.5%	26	2	25	4C, 3O	20%	3.5%
Total	\$44.3	100%	\$20	100%	128	59	50	31	100%	100%

Conclusion

- A system for needs-based, transparent resource allocation needs to be developed and put into use. This should be linked to an emphasis on results to be achieved with these resources.

PROGRAM LEADERSHIP

The mission, goals, and target group of IPPF are set out in the Vision 2000 Strategic Plan approved by the Members Assembly in October 1992. The strategic plan was developed through a participatory process within the Federation. It has 3 goals and 13 objectives:

⁷Country Classification System: A= highest need, B = high need, C = middle income, T = transition, and O = countries not categorized by the United Nations.

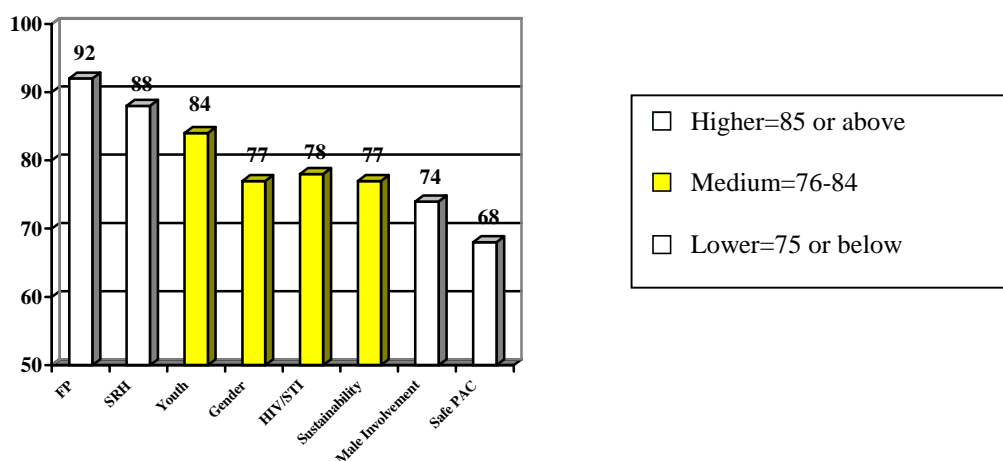
- **Goal 1:** Advance the basic human right of all women, men, and youth to make free and informed choices regarding their own SRH; advocate for the means to exercise this right; and ensure that women's equality and right to FP and SRH remain a priority in national and international development policies.
- **Goal 2:** Respond to the increased unmet need for FP and SRH services, address in particular the needs of marginal and disadvantaged groups within society, and work in partnership with governments, international agencies, and private organizations.
- **Goal 3:** Operate a democratic Federation; provide leadership in planned parenthood through the efforts of a capable and committed body of volunteers and staff; sustain a secure, diversified funding base for the Federation; and maintain accountability in all aspects of IPPF's work.

Following approval of the Vision 2000 Strategic Plan, the CO and ROs trained FPAs to develop their own strategic plans based on this guidance. In addition, to help FPAs at the programming level, IPPF produced, *Implementing the Vision 2000 Strategic Plan: Compendium of Activities*, which provides technically sound and practical guidance on SRH activities to be developed and implemented by FPAs from around the world.

Survey Findings

The survey included a number of statements relating to Federation efforts at program leadership.

- Respondents were moderate in their agreement (77 percent) that the Federation had been effective in building FPA capacity to define and pursue market niches with specific client types.
- There was somewhat more agreement on the Federation's record in program innovation (80 percent) and even more regarding its effort to expand family planning services to include reproductive health (88 percent).
- Respondents agreed to a large extent that IPPF had adequately emphasized family planning and SRH but saw a need for the Federation to increase its emphasis on programs around youth, gender, HIV/STI, sustainability, and especially male involvement and postabortion care (see graph).
- There was strong consensus that IPPF needed to strengthen its efforts to document and disseminate lessons learned. Only 71 percent believed that the Federation gave adequate emphasis to this effort; only 75 percent agreed that the Federation adequately shared lessons learned.



Interview Findings

By developing the Vision 2000 Strategic Plan prior to ICPD in Cairo, IPPF was able to substantially shape the content of the ICPD Programme of Action. Following the ICPD, through its extensive presence at the country level, IPPF has been able to implement the ICPD Programme of Action as much as any other major international organization, expanding from family planning to a broader constellation of SRH programs and services. This includes expanded services at the clinic level to a wider group of beneficiaries, moving from a focus on married women to include youth, men, and unmarried women. It also includes program initiatives in a variety of areas, including youth, gender, reproductive rights, male involvement, and HIV/AIDS/STIs.

This has not been an easy task. Besides the program and budgetary dimensions of the challenge, there are the sensitivities and politics involved in opening up new and often controversial topics. As the Federation's funding declined in the late 1990s, broadening into new areas per the ICPD Programme of Action and the Vision 2000 Strategic Plan presented special hardships for those FPAs struggling just to continue serving their traditional FP clients.

IPPF assisted with the development of strategic plans. Following the adoption of the Vision 2000 Strategic Plan at the global level, IPPF encouraged and assisted its associations to develop country-level plans reflecting Vision 2000 objectives. Most ROs and FPAs visited during this review have such plans, which appear to have been developed through participatory processes involving staff and volunteers.

IPPF's mission is broad, allowing its members to customize their programs. The Vision 2000 Strategic Plan includes 3 goals, 6 challenges, and 13 objectives. Initially, there was concern that such a broad array of program areas might diffuse the Federation's efforts. However, by maintaining breadth, the Federation allows its members to tailor a broad array of choices to regional and national SRH priorities, which is appropriate to a Federation whose member countries have very diverse socioeconomic and political circumstances and varying SRH needs and priorities.

IPPF needs to develop a clear definition of its target group. At the outset of this joint review, there were many questions concerning IPPF's stated and actual target group. These questions stemmed from field observations that financial sustainability imperatives were increasingly shifting IPPF from its stated target group of the poor and underserved to middle-income groups who can afford to pay for services. Many FPAs have embraced the idea of charging for services from those who can afford to pay in order to generate revenue to provide free or low-cost services to the poor. Donors have various interests in this area. USAID seeks an honest articulation of IPPF's target group and the recognition that financial sustainability is essential to preserve services. Other IPPF donors are concerned that their funds are not being used to serve the poorest. Donor expectations can possibly be satisfied in some countries by channeling funds to the countries with the highest need through the country resource allocation system, while charging fees for service can be maintained at the country level. This would not work in all regions; for example, Africa will probably continue to generate more funds from donors than from

service fees. IPPF needs to develop a clear and realistic articulation of its target group, addressing financial sustainability objectives.

Many FPAs are providing expanded SRH services. While traditional family planning is still the area in which the majority of FPAs are most comfortable, many are responding to both client needs and monetary incentives to shift into an expanded set of SRH services. In observing this shift among the different FPAs visited, the review team found that there are varying—and not always satisfying—interpretations regarding the meaning of integrated, comprehensive SRH services that reflect the ICPD Programme of Action. For example, menopausal counseling and services often are included as a service in SARO and ESEAOR. At the CO level, IPPF needs to carefully delineate the most critical services, as it cannot possibly provide the necessary technical and medical support to an unlimited number. IPPF should define a minimum basic package of integrated RH services at the clinic level, providing guidance to help FPAs ensure that their current and future contraceptive needs are satisfied, and ensuring the availability of technical assistance, training, and technical information to support the priority services identified. (This need is being addressed by IPPF within the framework of the integrated management system.)

Many FPAs are engaged in youth programming. The review team was impressed with the number of FPAs engaged in special youth programming and the extent and variety of their programs. While IPPF is clearly at the forefront in this relatively new area, FPA efforts are constrained by the absence of a Federation-wide strategy for youth programming. Nor is the Federation providing support with knowledge management and dissemination (i.e., collecting and sharing state-of-the-art research and evaluation findings as well as best practices and lessons learned from within and outside the Federation). ROs are generally not adequately staffed to provide specialized technical support in this critical growth area.

Many FPAs have not yet begun significant HIV/AIDS efforts. Only a few FPAs have been able to mount meaningful HIV/AIDS efforts. Similar to youth programming, until very recently, HIV/AIDS activities were constrained by the lack of a strategic approach to guide programming and staff with the expertise to provide technical support in planning and implementation.

Significant work is ongoing on gender issues. Significant activity is underway in this area (e.g., women's empowerment and male involvement). The level and sophistication of gender programs seems to be directly related to the presence and strength of gender advisors in the RO. WHR is an excellent example of this: as a result of a very active gender adviser, FPAs in the region have developed a strong understanding of the topic along with exciting programs.

Documentation and dissemination is a weakness throughout the Federation. While various ROs and FPAs are producing excellent materials and trying to share lessons learned through workshops and training sessions, there is no systematic approach to knowledge management. The Federation has some of the best experience, models, and lessons learned in the SRH community, but is doing little to capture and share this wealth

of information. This is related to the larger situation with monitoring and evaluation in the Federation.

Conclusions

- IPPF is correctly pursuing a broad ICPD mandate at the global level for ROs and FPAs to tailor at the regional and country levels. The CO needs to support this by providing guidance on worldwide trends and programmatic best practices.
- IPPF needs to be explicit and realistic in reconciling target groups and financial sustainability objectives.
- IPPF should develop strategic approaches to guide programming in new priority program areas, with youth as an immediate priority, and ensure that technical staffing at the appropriate levels is in place to provide the critical technical assistance and training needed to support implementation in new areas.
- IPPF needs to identify a minimum basic package of integrated RH services that have the greatest public health impact and that can be adopted at the country level as appropriate. IPPF also needs to provide guidance on issues related to ensuring the availability of contraceptive supplies (contraceptive security).
- IPPF should strengthen its ability to identify successful approaches and share them within and across regions, especially among technical staff.
- IPPF needs to develop and implement a plan for knowledge management and link this to the full range of sources and uses for such knowledge, for example, for monitoring and evaluation, positioning itself globally with respect to other SRH entities, and mobilizing resources.

ADVOCACY

Advocacy has always been fundamental to the work of IPPF—as captured by the characterization “brave and angry,” which provided the energy behind its pioneering and successful efforts to create an FP movement around the world. The Vision 2000 Strategic Plan emphasizes the importance of advocacy and the *Compendium of Activities* provides guidance on practical ways to pursue advocacy at the regional and country levels. FPAs were recently provided with additional guidance on integrating a reproductive rights focus in advocacy.

Responsibility for advocacy at the Secretariat level lies with Global Advocacy, Scientific Experience, Youth and Gender (GLAD) Department and the Communications and Public Affairs Department. To carry out its advocacy responsibilities, GLAD holds various training sessions and workshops and has developed a range of materials, including an advocacy guide, fact cards, and newsletters. The advocacy guide is for FPAs to use in

developing advocacy strategies and programs; the 1995 guide is being updated for release in early 2001. Fact cards for lobbying, general distribution, and briefings cover issues of emergency contraception, SRH, HIV/AIDS, and RH for refugees. Newsletters include X-press on adolescent SRH and a yearlong series of Cairo+5 news bulletins; an HIV/AIDS newsletter will be launched soon.

GLAD provides training for ROs using the advocacy guide and Vision 2000 Strategic Plan. IPPF's annual course, "Population and Development: An SRH Perspective," for FPA health professionals, includes advocacy training. IPPF is holding a series of regional media training seminars based on the Cairo+5 review to increase understanding of SRH issues and to increase media coverage of ICPD issues. In addition to updating the advocacy guide, GLAD is updating its media response guide, creating a media tool kit for FPAs, and providing media training for key staff and volunteers.

Survey Findings

Respondents rated IPPF's performance on advocacy as moderate and capable of increasing its effectiveness in this area. Agreement on IPPF's adequacy in the following areas was

- emphasis on policy and advocacy (80 percent),
- emphasis on community participation and mobilization (82 percent),
- encouragement of partnerships with other NGOs (84 percent), and
- leadership to advocate for policy change and new program direction (77 percent).

Interview Findings

The ROs' approach to advocacy varies greatly and few have dedicated staff promoting advocacy as a distinct program area. ENRO stands out for its advocacy work and has a full-time advocacy officer carrying out a program with clear goals, a training program, and excellent materials. However, the other ROs have less aggressive approaches to advocacy. For example, WHR carries out most of its advocacy work through a regional parliamentarian organization that is headed by the WHR regional director. ARO is only active in advocacy through publications. AWRO carries out its advocacy through its volunteers. SARO is actively assisting its FPAs to expand advocacy efforts, with working groups, training, and materials, including producing the regional radio program, Sexwise, in collaboration with the BBC. However, the two FPAs visited in South Asia did not provide evidence that a systematic and strategic approach to advocacy is being used. ESEAOR recognizes the need to be more active in advocacy and recently organized a workshop on strategies for practical application of the IPPF Charter on Reproductive Rights.

FPAs' advocacy efforts are also highly variable, with few approaching it as a program area with an advocacy agenda, supporting strategy, and results tracking system. In Africa, FPAs in Kenya, Senegal, and South Africa have waged very successful advocacy efforts at various times, but advocacy appears to be undertaken on an ad hoc basis as specific issues arise, not as an ongoing program. In Russia, advocacy is a major program

component for the FPA and its advocacy work is held in high esteem. The Poland FPA is also active in advocacy, in a very hostile environment, largely through its volunteers. In WHR, advocacy tends to be an important part of each FPA's efforts, not as a strategically organized program, but as a function of strong individual relationships with government. The India FPA is involved in advocacy but not in a systematic, strategic way, and the Bangladesh FPA is doing little on advocacy. FPAs in the ESEAOR region are very involved in advocacy, especially with HIV/AIDS, safe abortion, youth, and gender. However, this work is not based on an advocacy strategy nor is there evidence of substantive analytical work to identify and set priorities for an advocacy agenda and implementation strategy.

Donor and USAID CA opinions on IPPF's advocacy work vary. On the whole, donors indicated that IPPF has a good record in advocacy and leadership on SRH issues, but currently may not be fully realizing its advocacy leadership potential due to conservative volunteers. USAID responses included that IPPF provides SRH advocacy leadership, that IPPF does not do so adequately, and that IPPF's performance in this area varies. Some USAID respondents believe that IPPF has lost its leadership role. One USAID respondent reported that IPPF is providing leadership in operationalizing the ICPD Programme of Action and could strengthen its leadership with a more strategic approach to priority technical areas, such as youth. Most CAs did not have an opinion about IPPF's work in advocacy, although two believed IPPF to be strong in advocacy and active at international forums.

CO respondents were proud of IPPF's record but acknowledged the need to be more proactive and visible. Interviewees at the CO in London characterized IPPF as a "quiet leader" that helped legitimize family planning worldwide; shaped the 1995 ICPD Programme of Action through its prescient 1992 Vision 2000 Strategic Plan, thereby leading the global shift from FP to SRH; and that continues to provide leadership today in the areas of youth and HIV/AIDS. CO respondents pointed out that, on the one hand, there are so many organizations involved in SRH today—"it is a very crowded market"—that one organization cannot dominate advocacy efforts as in the past. On the other hand, CO interviewees strongly believe that IPPF needs to improve the visibility of its activities and achievements so that its leadership is more widely known and appreciated.

Conclusions

To regain its prior, more prominent advocacy and leadership position, IPPF needs to

- be more proactive in its advocacy efforts; in particular, treat advocacy as a program area, with a defined advocacy agenda and related strategy;
- ensure adequate staffing at all levels to support a programmatic approach to advocacy; and
- develop a systematic effort to document and disseminate its advocacy achievements.

DEVELOPING SUSTAINABLE INSTITUTIONS THROUGH CAPACITY BUILDING

IPPF views sustainability on three dimensions: institutional/managerial, program/technical, and financial. Financial includes the capacity to handle funds (financial management systems and controls) and to mobilize funds. IPPF has tried to create sustainable institutions by strengthening institutional, program, and financial management systems.

Survey Findings

Respondents agreed that IPPF had been relatively effective in developing local FPA capacity for strategic planning (83 percent) and well-functioning management and financial systems (80 percent), although these efforts could be strengthened.

Respondents also reported high levels of agreement that CA assistance had been valuable (85 percent).

Interview Findings

ROs have primary responsibility for FPA capacity building.

- **Institutional/managerial and program/technical.** ROs have primary responsibility for developing institutional/managerial and program/technical capacity. There is no unified approach within the Secretariat to capacity building; each RO decides how to identify and respond to technical assistance and training needs for FPAs in its region.
- **Financial management.** The CO and ROs share responsibility for developing the capacity to manage funds. The CO oversees the implementation of the Governing Council's financial policies, standards and procedures, which are contained in the financial policies handbook, the coding system, and the external audit manual. ROs are responsible for training FPAs in the use of IPPF policies and procedures and for monitoring FPA finances. The CO monitors the implementation of policies and procedures through a system of centralized financial controls. IPPF funds are provided to FPAs from London on the recommendation of the regional directors.

Responsibility for developing the capacity of the Secretariat (i.e., the CO and RO) does not appear to be well defined. The variation in RO capacity and ability to support FPAs was widely commented on by respondents. Donors in particular raised the issue of CO responsibility for RO capacity building.

USAID CAs represent important sources of technical assistance and training for IPPF.

However, IPPF's experience with CAs has been mixed (which was not reflected in the survey findings but came out strongly in the interviews). One reason is that, generally, IPPF is not situated as the client in the relationship with CAs, setting the parameters for the technical assistance and training according to Federation-wide or regional requirements. This is because technical assistance and training from CAs has most often been funded bilaterally and provided directly to FPAs. As a result, CA technical assistance and training is often based on CA needs and interest, leading to disjointed technical assistance and training and to systems that IPPF might not be able to support after the CA departs (e.g., financial software that is not used by the rest of the Federation).

There are, however, many instances of extremely valuable technical assistance and training from CAs and the reasons for their success need to be understood and replicated. For example, the Family Planning Association of Kenya (FPAK), Sociedade Civil Bem-Estar Familiar No Brasil (BEMFAM) and Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM), among others, have benefited greatly from USAID-funded technical assistance from CAs; it would be useful to examine this positive experience. Clearly, it is in IPPF's interest to use CAs to address Federation-wide or regional needs, such as those identified in this review, positioning IPPF, rather than individual FPAs, as the client, and involving appropriate levels of the Federation in each negotiation. It is also clear that the USAID technical staff responsible for both IPPF and the CA providing technical assistance can play an invaluable role in facilitating this kind of relationship.

RO ability to respond to FPA technical assistance and training needs varies. IPPF is strongest in building financial management capacity, which is a very valuable asset and essential for donor confidence. It is also quite effective in developing certain aspects of institutional/management capacity, in particular, systems for program planning and budgeting. Development of program/technical capacity is highly variable, often suffering from inadequate management attention and staffing. Even where IPPF is strong in developing capacity, its staff cannot always respond to the needs of its many FPAs. Some respondents voiced the concern that ROs may correlate the amount of attention and technical assistance an FPA receives with the amount of funding it receives. While understandable, there needs to be a more needs-based system for allocating technical assistance. Deficiencies in capacity building—whether due to the numbers or competencies of staff or other factors—contribute to the fact that the word “varied” was the word used most often across IPPF's stakeholders to describe FPA capacity and performance. (This issue is discussed extensively in section IV, Secretariat Role and Function, and throughout section V.)

Conclusions

- CO responsibility for RO capacity building needs to be defined and a system for ascertaining needs and acting upon them needs to be developed.
- Mirroring the discussion and conclusion in section IV, Secretariat Role and Function, ROs need to engage in a needs-based review of FPA requirements

for technical assistance and training in institutional, technical, and financial management areas, and staff and/or outsource technical expertise accordingly.

- IPPF needs to be proactive in identifying technical assistance and in accessing these resources in a strategic and corporate manner with appropriate involvement of all levels (CO, RO, and FPA). USAID/Washington can promote strong IPPF/CA relationships by facilitating institutional commitments and provision of CA technical and financial resources to IPPF—globally, regionally, and bilaterally.

DEVELOPING SUSTAINABLE INSTITUTIONS THROUGH RESOURCE MOBILIZATION

IPPF's 1997 *Resource Mobilisation Strategy* was developed in response to a changing funding environment and particularly to the trend of decreasing core funding. It calls for a change of culture within IPPF, specifically to become more focused on results and better able to identify for donors what their funds have achieved. The goal is to increase resources at all levels through four key objectives:

- Improve accountability and credibility of IPPF, by making results-oriented programs a high priority.
- Consolidate and expand the unrestricted resource base by 5 percent per year and the restricted funding levels by 15 percent over the 1997 levels.
- Increase resource mobilization capacity at international, regional, and FPA levels.
- Improve coordination of IPPF resource mobilization and advocacy efforts at all levels of the Federation.

Each region is expected to have regional resource mobilization strategies, with coordination provided by the director-general and CO resource mobilization team.

Survey Findings

- Respondents rated low Federation efforts to develop local FPA capacity to adopt financing schemes that reduce dependence on core budget funds (72 percent).
- Respondents rated low Federation efforts to mobilize political and financial support (72 percent).
- Core funding from IPPF represents about 58 percent of FPA funding.

Interview Findings

Core funding and funds diversification are both necessary. Core funding is and will continue to be essential to the survival and development of IPPF and its member FPAs, offering independence, the ability to focus on the core mission and goals, and the stability critical to sustained and concentrated programmatic focus. Efforts to diversify and expand funding sources improve the quality of the Federation as a whole. These efforts help it become more competitive by necessitating that it define itself within the “marketplace of funding sources” (necessarily sharpening its mission, niche, and client group), improve efficiency and effectiveness, and increase its external focus and ability to implement through partnerships, an essential capability in today’s world. Cross-subsidization through charging middle-class clients to generate resources to serve the poor is heavily promoted in some regions, such as ESEAOR and WHR. However, in the most resource-poor regions (especially Africa and South Asia) and areas of SRH (e.g., youth and gender), such strategies have less potential, and their wholesale application may raise ethical issues. In these cases, cross-subsidies from more affluent clientele need to be supplemented by core funds to fulfill IPPF’s mission of providing SRH services and information and working with underserved communities.

Progress is being made in diversifying funding sources. There has been discernible progress in reducing dependence on core funds and diversifying funding sources, as shown by tables 7 and 8 below.

Table 7
Federation Income, 1999
(in U.S. Dollars)

IPPF Income		
Government grants	\$74,598,000	
Grants from multilateral agencies and other sources	\$9,574,000	
Other funding sources	\$1,635,000	
TOTAL IPPF INCOME	\$85,807,000	39%
FPA–Raised Income		
Local Income		
Patient fees	\$40,459,320	
Contraceptive sales	\$16,822,000	
Local fundraising	\$14,251,401	
Membership fees/other	\$11,134,785	
Government funding	\$10,933,665	
Total Local Income	\$93,601,171	
International Income (Direct Donor Grants)	\$42,556,022	
TOTAL INCOME RAISED BY FPAs	\$136,157,193	61%
TOTAL IPPF AND FPA INCOME	\$221,964,193	100%

Table 7 provides data on IPPF and FPA income for 1999, and shows that FPAs raised 61 percent of the Federation’s total income in 1999.

FPA progress by region in reducing dependence on IPPF funding from 1994 to 1999 is shown in table 8. Only FPAs in the Europe and Africa regions have seen an increase in the share of their total income provided by IPPF. FPAs in other regions have all

experienced a reduction in the percentage IPPF represents of their total funding. FPAs in ESEAOR and the WHR have also experienced a reduction in the absolute amount of IPPF funds received, and have replaced this with substantial increases in local income (versus direct grants from international donors). Of course, aggregate regional figures mask important differences within regions. For example, in ESEAOR, most local income is generated by the FPAs in South Korea and Hong Kong. Nevertheless, from 1994 to 1999, total FPA income increased by 25 percent, including local income, despite widespread policies requiring that SRH services be provided free of charge.

Table 8
FPA Progress in Reducing Dependence on IPPF Funding
(in U.S. \$000)

REGION	1997	1999	Percent Change
AFRICA REGION			
IPPF funding	\$13,745	\$18,233	
Local income	\$2,320	\$2,504	
International income	\$6,890	\$8,047	
Total resources	\$22,955	\$28,784	
IPPF as a Percentage of Total Resources	60%	63%	+3%
ARAB WORLD REGION			
IPPF funding	\$3,716	\$4,214	
Local income	\$2,180	\$4,532	
International income	\$1,450	\$2,426	
Total resources	\$7,346	\$11,172	
IPPF as a Percentage of Total Resources	51%	38%	-13%
ESEAOR			
IPPF funding	\$5,863	\$4,939	
Local income	\$25,625	\$35,419	
International income	\$1,178	\$1,918	
Total resources	\$32,666	\$42,276	
IPPF as a Percentage of Total Resources	18%	12%	-6%
EUROPEAN NETWORK REGION			
IPPF funding	\$964	\$1,606	
Local income	\$858	\$621	
International income	\$417	\$1,220	
Total resources	\$2,239	\$3,447	
IPPF as a Percentage of Total Resources	43%	47%	+4%
SOUTH ASIA REGION			
IPPF funding	\$9,940	\$10,506	
Local income	\$2,125	\$2,453	
International income	\$1,748	\$4,050	
Total resources	\$13,813	\$17,008	
IPPF as a Percentage of Total Resources	72%	62%	-10%
WESTERN HEMISPHERE REGION			
IPPF funding	\$11,793	\$10,013	
Local income	\$28,435	\$48,071	
International income	\$25,961	\$24,896	
Total resources	\$66,188	\$82,980	
IPPF as a Percentage of Total Resources	18%	12%	-6%

Note: Columns may not add due to rounding.

Source: IPPF Annual Review Supplements.

There are a number of constraints to resource mobilization.

- **Slow reactions:** IPPF was slow to react to the decline in funding from traditional donor sources.
- **Insufficient staffing:** Cuts in Secretariat staff, the trend to leave vacancies unfilled for long periods, and lack of midlevel staff have made it difficult for IPPF to compete against the increasing number of other SRH organizations seeking the same funds. Current staffing for resource mobilization in the CO includes a recently promoted manager, and, as of August 2000, two of the other four positions were filled and two were vacant. There is also a secondment from the JOICFP to handle media, advocacy, and fundraising from the Japanese government. ROs have very lean resource mobilization capabilities (see box below). Even where a dedicated resource mobilization officer exists, the Federation will be competing against organizations with much greater marketing capabilities.

RO Resource Mobilization Staffing

- ARO: No dedicated officer, restricted funds manager
- AWRO: No dedicated officer
- ESEAORO: Dedicated resource mobilization officer
- ENRO: No dedicated resource mobilization officer
- SARO: One staff member has resource mobilization as an additional responsibility
- WHRO: Dedicated resource mobilization officer and others with capability in this area who assist with proposals

- **Insufficient marketing materials:** Another constraint is the lack of documentation IPPF has to support marketing, particularly regarding its achievements and success stories (this relates directly to the lack of a monitoring and evaluation system). It is competing with organizations that can turn less remarkable track records into stellar capability statements. IPPF currently is addressing this shortcoming by proactively seeking out the information that exists within the Federation and organizing it for fundraising uses at the CO. In the future, the IMS will begin to generate and capture this information.
- **Insufficient marketing skills and experience.** Not all Federation personnel have the experience and knowledge necessary for effective fundraising and donor development. Many executive directors and even some ROs are not comfortable with the role they need to play in donor development; they need training and assistance in fundraising. All new executive directors need to be assisted specifically in this area as part of an organized induction program carried out by ROs. This has implications for staffing at all levels and for technical support from the CO to ROs and FPAs.

RO support varies. The ARO can provide little direct assistance in resource mobilization and financial sustainability to its FPAs, but does require that all projects include a sustainability plan. The USAID-funded Sustainability Initiative includes funding for an RO-based sustainability adviser, who has yet to be hired. The AWRO has been particularly affected by reduced core funding and exacerbated by its relatively large number of countries with high need (category B). It has not been able to secure other funding; a previous large European Community grant was not renewed. The review team members that traveled to this region voiced concern for the survival of some of its excellent FPAs and programs. ESEAORO has a proactive resource mobilization officer working with FPAs; the focus of the last regional executive director meeting was on sustainability and resource mobilization. ENRO, with limited IPPF resources due to the predominance of transition (category T) countries, is aggressively pursuing donors and commercial partners. ENRO has a position to support commercial activities and has created a company with a World Wide Web presence to further develop this area. SARO is actively assisting FPAs in the region with fundraising, income generation, and cost-recovery schemes, and intends to be even more proactive in the future. Various strategies could be used more broadly (e.g., cross-subsidization) and technical assistance from the RO and other sources should be considered. WHRO is very active in resource mobilization and plays an important role in identifying funding sources, negotiating agreements, and managing funds for its FPAs. Its FPAs are at the forefront in IPPF in this area, but they do not all have a resource mobilization strategy.

Many FPAs are making excellent strides in financial sustainability. FPAK is a good example. With assistance from Deloitte Touche Tohmatsu and MSH funded by USAID/Kenya, it developed sustainability plans that are being conscientiously implemented. Clinics recover up to 45 percent of costs through fees. Very rare among FPAs, FPAK has an audited overhead rate that it tries to include in all funding requests to donors. Jordan, a very strong FPA, generates 44 percent of its income through local sources, and is expected to avoid a crisis in core funding through anticipated USAID Mission funding. The FPA in Russia is an excellent example of ENRO's efforts: in eight years, it has moved from 100 percent IPPF funding to 25 percent by attracting a strong group of donors, including an innovative partnership with Proctor & Gamble. In Guatemala, APROFAM has built a strong sustainable program, delivering quality integrated services to both urban and rural populations with significant coverage. Its revenue base is a model for others to strive for: 3 percent IPPF core funding, 25 percent from the USAID Mission, 2 percent from other donors, and 70 percent locally generated income. It achieved this with technical assistance from IPPF and MSH's Family Planning Management and Development (FPMD) Project.

Some donors are reluctant to fully cover overhead costs. Not all donors are willing to cover administrative as well as program costs. In addition, many levels of the IPPF system do not have audited indirect cost rates that they can charge to donors. The net result is that whenever indirect costs are not covered, core funds must either cover the difference or programs will be less well supported administratively. In either case, institutional capacity development is negatively affected. IPPF needs to require that all levels of the Federation obtain audited indirect cost rates and provide training in negotiating with donors on including these rates in all funding requests.

The country resource allocation system may penalize some countries (see box below for a description of the system). The new IPPF system for allocating core support may penalize FPAs with excellent programs that need continuing assistance and orderly phase-out plans. It also may penalize latecomers, especially in countries like South Africa, with huge pockets of need but higher average incomes where core funds still are critically needed for increasing capacity. The Arab World Region is one of the most affected IPPF regions. The most serious finding in this region is the potential loss of many of the region's best FPAs if their situation is not addressed. The current resource allocation system needs review, taking into account both IPPF's mission and the preferences of its donors.

Country Resource Allocation System	
Country Classification	
A: Highest need	
B: High need	
C: Middle income countries	
T: Transition countries	
O: Not categorized by the United Nations	
Core Funds	Vision 2000 Fund (7% of core funds)
Category A: Currently 66% with a target of 70%	Category A: 85%
Category B: Currently 26% with a target of 30%	All other categories: 15%
Regions can change allocations to countries within a category but not between categories. Funding to category C and T countries will end in year 2005.	

Conclusions

- Core funding needs to be provided to safeguard IPPF's ability to focus on its core mission.
- Resource mobilization and financial sustainability need an updated strategy to guide efforts in this critical area, marketing information needs to be improved as a matter of priority, and proactive technical support to FPAs in resource mobilization is needed along with appropriate attention to upgrading executive director skills in donor development.
- IPPF needs to institute a policy requiring that all levels of the Federation develop audited indirect cost rates (overhead rates) to be used in all funding requests and provide training in negotiating with donors on payment of overhead.
- The current country resource allocation system needs reassessment, taking into account both IPPF's mission and the preferences of its donors.

COMMODITY PROCUREMENT AND LOGISTICS MANAGEMENT

Commodity procurement and logistics management is carried out centrally in IPPF's materials management department, one of three units in the Division on Finance and Materials Management. Materials management has six staff members: a manager, two buyers (one for contraceptives and one for noncontraceptive commodities), two shipping staff (provided by the freight forwarder), and an administrative assistant. The unit has had to contend with vacancies, especially with the two key buyer positions, and turnover.

At most ROs, the commodity procurement forecasting and planning function is carried out by staff who perform this work along with other responsibilities. This is the case at all ROs except the ARO, which has two commodity officers. Most ROs have accountants who also carry out this additional function.

Survey Findings

Respondents rated moderate the Federation's efforts in contraceptive supply and management. Agreement on the adequacy of the Federation in the following areas was:

- emphasis on commodities and logistics (84 percent),
- ability to forecast and procure contraceptive commodities (82 percent), and
- provision of contraceptives to meet existing demand and avoid serious shortfalls (77 percent).

Interview Findings

Information on commodity procurement and logistics management was not systematically collected by all regional travel teams. There were few problems with stock-outs, shortages, or supplies management. A notable exception was observed with the FPA in Guyana. USAID's key CA specializing in this area, Family Planning Logistics and Management (FPLM), reported that IPPF shares its goal of ensuring the security of contraceptive supplies, and noted that IPPF realizes better than most organizations that "where there is no product, there is no program." FPLM believes that IPPF collaborates well in this area, has good logistics, and is very open to help. USAID expressed concern that commodities do not have the attention at the senior level within IPPF that they need and deserve, that CO staffing in this area has suffered as a result, and that more attention needs to be given to RH commodities.

Materials management is not fully staffed. The materials management manager in the CO, who has been employed by IPPF for one and a half years, is very dynamic and has every intention of further developing commodity procurement and logistics management systems in the Federation. Key to this is completing the staffing in the unit. Because she has had to fill in for buyers, she has not been able to focus fully on management issues. However, annual 3-day meetings with regional commodity officers have been initiated.

In addition, a regional supply database that was developed by WHRO is being adopted and adapted by other ROs.

All commodities requested are provided. FPAs submit their requirements to the ROs, which aggregate all requests and submit a consolidated set of requirements to materials management. According to materials management, it is able to fully provide all commodities requested; any shortfalls within the resources allocated to FPAs are due to lack of availability of commodities, not funding limits. Discrepancies between FPAs' requests and what is included in the aggregated request from ROs could not be ascertained.

Commodity funding sources and amounts vary at the different levels of the Federation. USAID is the only donor that contributes contraceptives in kind to the Federation. Contraceptive donations under the G/PHN memorandum of understanding with IPPF's CO have declined over time from about \$3 to \$4 million in the mid-1990s. In 2000, G/PHN shipped contraceptives valued at about \$2 million to various FPAs. As noted earlier, some FPAs also receive contraceptives and/or other commodities financed by bilateral USAID funds. The Federation's expenditure on commodities is approximately \$3 million a year. About \$2 million is for contraceptives and the remaining third is for noncontraceptive commodities.

Technical assistance to FPAs is the responsibility of ROs. Technical assistance to FPAs on commodity forecasting, storage and handling, and inventory control and distribution is currently an RO function. However, as in other areas, ROs are staffed differently for handling this area.

Essential RH commodities are changed as needed. Regarding issues related to broader RH supplies, IPPF reported that the list of items supplied reflects broadly required items, it is changed to reflect demand, and it is a challenging area (e.g., WHO and UNFPA do not yet have standard lists for this).

Conclusions

Some issues related to commodity procurement and logistics management could not be fully analyzed in the context of the review so that further examination is warranted. Nevertheless, the following conclusions clearly emerge.

- As contraceptive security is a critical element for quality of care for IPPF, it needs to be a priority of senior management and staffed accordingly.
- IPPF needs to ensure that technical assistance and monitoring are available to FPAs in commodity forecasting, storage and handling, and inventory control and distribution, with an appropriate division of labor between the CO and RO for providing this technical assistance. USAID CAs, such as FPLM, represent additional sources of specialized technical assistance.
- As IPPF continues to adopt a broad Vision 2000 Fund/ICPD orientation in its services, availability of essential RH drugs will be increasingly important.

- USAID and IPPF would benefit from IPPF's participation in USAID's working group on contraceptive security.

V. QUALITY ASSURANCE AND RESULTS MANAGEMENT

STRATEGIC PLANNING AND RESULTS MEASUREMENT

Following adoption of the Vision 2000 Strategic Plan in 1992, IPPF assisted most FPAs (through their ROs), in developing multiyear strategic plans reflecting the themes of Vision 2000. Revisions and updates have incorporated the Cairo Programme of Action, and have been assisted by the *Compendium for Implementing the Vision 2000 Strategic Plan*.

Survey Findings

Respondents rated moderate the Federation's efforts in performance monitoring, indicating that there was room for improvement.

- The Federation's efforts adequately emphasize performance monitoring (77 percent).
- The Federation effectively monitors progress in achieving goals and objectives (79 percent).
- The Federation adequately monitors the use of FP/RH services and the types of clients served (78 percent).

Interview Findings

ROs and FPAs appear to be strong in strategic planning. Generally, the ROs and FPAs appear to be strong in strategic and annual work planning and budgeting. This sets them apart from many indigenous NGOs, which have less sophisticated systems and capabilities for planning and budgeting. The IPPF system, whose centerpiece is the program planning budgeting and reporting (PPBR) system, requires FPAs to develop plans on a regular basis although the efforts needed to implement the PPBR may have overshadowed the strategic thinking process. IPPF provides considerable assistance to support this process, in terms of approaches, formats, and hands-on technical assistance. The ARO, which is struggling to provide a modicum of support to its many FPAs, has still managed to obtain funding for a transformation project to support FPA efforts to better adopt the Vision 2000 Strategic Plan/Cairo Programme of Action through a reengineering and strategic planning process. One of the Russia FPA staff commented that it was difficult for them at first to see the value in the standardized approaches to planning, but as they gained fluency with them through training and usage, they realized the benefits in systematizing their work, and in making them a better partner for donors and other international organizations.

Overall, there is a weakness in performance monitoring, evaluation, and results measurement. Throughout the Federation, there is an absence of a monitoring and evaluation culture and a results orientation. IPPF staff appears to be quite aware of this and is concerned about its negative effect on clearly articulating achievements for use in reporting, positioning, and fundraising. Although the PPBR system requires the collection of a plethora of information, it is mostly related to activities, not outcomes, and

is somewhat dated, primarily focusing on family planning (versus the broader SRH agenda and constellation of services). Program and project objectives lack clear indicators and measures of achievement. IPPF staff is also more oriented to collecting data than analyzing and using it for improving performance. Although evaluation has been devolved to the regions, there is one evaluation officer in the CO; many ROs have evaluation officers as well. However, the evaluation exercises undertaken would be better described as program reviews, with limited empirical data collection. These qualitative reviews are useful exercises, often raising important design and implementation issues, but they do not measure results and impact. A new integrated management system (IMS) is being designed that will partially address this critical set of problems, but it is still in the design and pilot testing stage and will not be fully operational until 2002.

Conclusions

- IPPF needs to accelerate IMS development, which will require substantial resources and widespread training.
- IPPF urgently needs to develop a uniform approach to monitoring and evaluation that builds on the IMS framework, and link evaluation with knowledge management and dissemination efforts so that evaluation findings can be used to enrich programming, international positioning, and marketing.

QUALITY STANDARDS FOR SERVICE DELIVERY

The CO, in particular IMAP, provides service standards and guidelines in the *Medical and Service Delivery Guidelines*, along with regular bulletins with the latest medical and scientific techniques and developments. The guidelines, bulletins, and the *Charter on the Rights of the Client* are provided to all FPAs. GLAD is responsible for this function in the CO, supported by IMAP.

Survey Findings

Respondents agree that IPPF could increase its efforts in setting and maintaining standards for service delivery.

Federation efforts are adequate for setting and maintaining quality standards for clinic services and client care (82 percent).

Interview Findings

Standards are excellent but not fully used at the country level. IPPF's guidelines and medical bulletins are commonly acknowledged to be excellent, but in many countries visited, they are less than fully integrated into and used at the clinic level. For example, in Senegal, the clinics of the Association Senegalaise pour le Bien-Etre Familial (ASBEF) are excellent and considered to be a model for government and the private sector, but IPPF's guidelines and medical bulletins were not readily available nor well

known to staff. This was also true in Poland and Guyana. In some cases, FPAs reported that IPPF guidelines are being applied, but there was no evidence to support this, as in Malaysia, Indonesia, and Guyana.

High ratings were given for quality, client-centered care, and counseling. In a few countries, quality-of-care issues were observed by review team members during visits to some FPA clinics. However, in most countries visited, IPPF clinics were rated high for quality of care, and almost always higher than their government or NGO counterparts. As a result, FPA clinics often become models for others to follow. The FPA in Kenya was using this status to generate revenue as a training center for the government. Respondents, including clients, were especially complimentary on the client-centered focus of IPPF clinics. Clients often cited this as a major reason for selecting an FPA clinic. While a welcome trait everywhere, a client focus is particularly important in the ENRO, where health care under the Soviet system was oriented towards the provider. In the European Network Region, FPAs are helping to create a new approach to health care by providing health professionals training in client relationships and client rights. IPPF was also given a high rating for provision of information and counseling. The FPA in Jordan, which understands the link between high quality and sustainability, had quality officers at its headquarters and every clinic responsible for ensuring quality for all services offered by the FPA.

Excellent standards were not supported by rigorous monitoring or technical support. At the time of this review, IPPF did not appear to have the staff, systems, or procedures in place at the CO or RO levels for effectively monitoring the implementation of clinical standards and guidelines. This also seemed to be the case for technical support in the use and interpretation of standards and guidelines. When technical support had been provided, it seemed most often to have been provided by USAID CAs (e.g., the Johns Hopkins Program for International Education in Reproductive Health in Brazil and AVSC International in Kenya). This is an area of great concern. To the extent that monitoring and technical support are provided internally, it seems to be the responsibility of FPA volunteer medical committees and medical staff at the country level.

Integrated SRH services have special support requirements. Shifting from FP to an expanded constellation of SRH services is a very challenging undertaking with which many FPAs are struggling. Providing them with the technical assistance and monitoring to support the introduction and use of new standards associated with expanded and integrated SRH services will be particularly important to the success of IPPF's efforts to implement the Vision 2000 Strategic Plan and the Cairo Programme of Action.

Conclusion

- IPPF needs to be rigorous in implementing medical and quality-of-care standards and guidelines at all FPA service delivery sites. To this end, IPPF needs to develop systems of quality assurance that include monitoring and related technical assistance.

QUALITY STANDARDS FOR OPERATIONAL AND INSTITUTIONAL PERFORMANCE

The PPBR system is the cornerstone in IPPF's approach to implementing and monitoring quality standards for operational and institutional performance. It was developed and implemented in the mid-1980s and establishes a framework for defining objectives and strategies, developing annual work plans with budgets, and providing regular progress reports. It consists of a series of planning, budgeting, and reporting formats to be completed by each FPA annually and submitted to ROs for review and approval. Core funds are released to FPAs according to a schedule that relies upon submission of various documents mandated by the PPBR. ROs, in turn, collate information from these documents and provide them to the CO, where they are aggregated for reporting to donors and others. RO staff (desk officers, program/financial officers, country managers, or others who oversee FPA portfolios) often assists FPAs in the planning and reporting functions associated with completing PPBR formats.

An external audit by an internationally recognized accounting firm is conducted annually as part of the PPBR system. There is a financial handbook and external audit manual to guide FPAs and auditors so that the financial information required is provided and audited.

A key document in the PPBR system is the FPA annual work plan and budget. FPAs submit semiannual and annual program reports and quarterly financial reports to the RO. The semiannual report is designed to highlight any actual or potential budgetary control problems so that appropriate action may be taken to resolve problems. The annual report is a comprehensive review of both program and financial aspects highlighting success, constraints, and problems requiring immediate action. ROs use these reports, along with the management letter issued by auditors, to monitor implementation and address corrective measures. These are to be complemented by RO monitoring and technical assistance visits to the FPA.

Survey Findings

Respondents rated IPPF moderately in this area, recognizing that standards and implementation systems exist for operational and institutional performance but that IPPF could increase its efforts in setting and maintaining them.

Federation efforts are adequate for setting and maintaining quality standards for operational and institutional performance (79 percent).

Interview Findings

Adherence to the tight regime imposed by PPBR creates discipline, teamwork, and transparency. The PPBR system has imposed a discipline and organizational

homogeneity throughout IPPF. It requires close collaboration among senior FPA staff to unite the budgetary, administrative, program, and monitoring activities involved in the PPBR. Each stage is reported to policy volunteers who are thereby kept informed of plans and progress. The discipline, teamwork, and transparency help create strong indigenous NGO partners with whom donors, government, and international organizations can work on FP/RH activities.

PPBR information allows for identification of problems. Levels of management quality were identified in the progress reports by implication rather than by direct measurement according to an accepted set of management criteria. However, there is a system for periodic overall program evaluations, which includes judgments on management effectiveness. RO staff members reported that they use these sources of information, combined with visits and other information-gathering opportunities, to identify and act on problems.

PPBR functions require considerable effort at the RO and FPA levels. Ensuring the quality and tight timetables of PPBR represents much of the day-to-day work of RO staff. The PPBR system is also quite time-consuming at the FPA level. While acknowledging the clear benefits of the PPBR system, both RO and FPA staff expressed concern that the labor-intensive routine requirements of the PPBR system can leave already stretched RO and FPA staff with little time to devote to higher level activities. The result is that critical functions related to FPA growth and development suffer, that is, strategy development and planning for the transition from FP to SRH, organizational development and management improvements at the FPA level, and partnering and networking.

PPBR also has significant programmatic shortcomings. IPPF has been aware for some time that despite the many benefits of the PPBR system, it has weaknesses. For example, it has perpetuated old programs. It focuses too much attention on contraceptive delivery and stock control, and not enough on other RH elements. It does not require sufficiently clear reporting of results, especially those achieved by nonclinical activities. It neglects gender bias and provides insufficient detail on client profiles. Whereas considerable information is provided linking programs to personnel and expenditure, PPBR does not facilitate identification of the resources being mobilized to tackle key Vision 2000 and ICPD themes—for instance, youth, women's empowerment, or even SRH—or to determine the quality, effectiveness, and efficiency of these activities.

IPPF is developing a new integrated management system (IMS). The new system has been designed to overcome a number of these shortcomings. It requires closer and more flexible linking between budgeting and expenditure and the 13 objectives of Vision 2000 as well as greater specification of target groups and outcome indicators with which to measure the success in achieving these objectives. It will reduce the level of mandatory reporting required by the PPBR but still require an adequate level of detailed planning and reporting. It should keep managers focused on objectives and allow them to monitor both activities and outcomes. IMS is to be pilot tested in 2001 and introduced throughout the Federation in 2002. There is some apprehension about its possible complexity and cost, but it should be implemented as soon as possible.

Conclusions

- Every effort should be made to accelerate the implementation of the IMS in order to address shortcomings of the PPBR system, to cultivate a results orientation, and to further advance implementation of the Vision 2000 Strategic Plan and the Cairo Programme of Action in IPPF.

STANDARDS OF IPPF MEMBERSHIP

IPPF's membership standards are set out in *Standards: Responsibilities of Membership* (adopted November 1993), a booklet well known at all levels of the Federation. It sets out three categories of standards: constitutional provisions; roles, program, and services; and management (covering governing bodies and executive directors).

The final section of this 12-page booklet sets out procedures for ensuring compliance with IPPF's standards. It states that FPAs hold primary responsibility for promoting and maintaining IPPF's standards, and will indicate compliance through an annual self-certification (filling out and signing a form). Regional directors are responsible for monitoring FPA compliance with standards and provide their concurrence by signing a grant-related document which, if not signed, would mean that standards have not been met and core funding would be withheld. Compliance problems are first dealt with by the regional director, and, if not resolved, are handled by higher levels of the Federation. The director-general conducts periodic reviews of FPA adherence to standards of membership.

Recognizing the deficiencies in the current system, in November 1999, the IPPF membership committee asked the Secretariat to review and revise the standards and to develop a formal accreditation system to replace the current system of self-certification. The timetable for creating the new formal accreditation systems is:

- November 2000: agree on revised standards;
- May 2001: agree on indicators, reporting formats, and operational principles;
- June 2001: pilot test the new system and adjust as necessary; and
- November 2002: fully implement the new set of standards and accreditation system

Although slow, this is the way change is achieved in the Federation, where the requisite acceptance at all levels is obtained through an arduous process of review and consultation. The process is on track. An important change in the new standards is to separate governance and management standards (creating four categories of standards) and, for the first time, to define governance functions.

Survey Findings

Respondents rated IPPF moderately in this area, recognizing that good standards of membership exist but can be improved and better enforced.

Federation efforts are adequate for achieving and maintaining standards of IPPF membership (81 percent).

Standards are adequate but self-certification has led to wide variation in FPA quality and performance because standards are not rigorously followed or enforced. This is one of the most problematic issues within the Federation, perhaps because it touches on a core principle: the autonomy of the Federation's members. While ROs have access to much information to help assess FPAs, in particular via the PPBR system, the self-certification process requires FPAs themselves to acknowledge and confront shortcomings. In most ROs, issues were identified and remedial action taken through retraining, the secondment of experienced officers, and closer supervision and support. In other instances (e.g., Egypt and Turkey), administrative and managerial problems have been identified and acknowledged but a solution remains elusive. Where cases have been resolved, it is clear that it took enormous staff time and attention to correct problems, well beyond what is practicable for already stretched regional staffing.

Strong support exists within the Federation for requiring compliance with membership standards. The work described above being undertaken by the membership committee is probably the strongest evidence of the support within the Federation for updating standards and improving enforcement. This support was voiced by FPAs and ROs throughout the joint review. Many respondents viewed it as the major avenue for addressing variation in performance among FPAs, which tarnishes the image of the entire Federation. Where members fall short of standards, a plan with technical assistance and training for coming up to standard can be developed.

The new formal accreditation system needs to acknowledge Federation realities. It is not clear what "formal accreditation" will mean. Whatever system is designed needs to take into account the realities of IPPF, including a high level of politicization, RO resource limitations, and strong sentiments surrounding FPA autonomy. Maintenance of standards, which are essential to the well-being and future funding of the Federation, needs to be resolved in a way that shields it from being undermined by these forces.

Independent review appears to be the best way to enforce standards. The best way to ensure adherence with standards is to create a system of independent review, which would provide the same level of objectivity the Federation aspires to with the required FPA financial audit. Findings could be provided in a report similar to a financial audit's management letter, which the Federation uses and which allows attention to focus constructively on solutions. The question of financing an independent system needs to be handled creatively; this is a highly internal function and probably needs to be financed internally. One possibility is to have the cost incorporated into all overhead rates (which

should be developed for all Federation entities) so that each FPA, in effect, pays for its own independent review. Membership fees are another source of funding to consider.

Conclusions

- Priority should be given to keeping the current effort to revise standards and create a formal accreditation system on schedule, and, if possible, to accelerate its pace.
- A formal accreditation system should include an independent review to ascertain if FPAs are meeting standards.
- If FPAs are not meeting standards, assistance should be provided to develop and implement a corrective plan.

VI. FUTURE IPPF/USAID PARTNERSHIP

OVERALL IMPACT OF IPPF

USAID has a long-standing relationship with IPPF, beyond that of a grantor/grantee. USAID and IPPF have been partners in

- expanding access to high-quality, voluntary family planning services and, more recently, in advancing SRH;
- disseminating medical and technical contraceptive advances;
- promoting quality of care, in particular, client-centered approaches and a focus on the segment of the population most needing services; and
- promoting human and reproductive rights.

These principles and objectives have been pursued at the country level with FPAs and at the global level between USAID and IPPF's CO. At the global level, the partnership between USAID and IPPF is also focused on the added value of

- mobilizing a network of autonomous and indigenous organizations that stands for the internationally recognized right of individuals to determine the timing and spacing of births and the principles of human rights, gender equity, democratic representation, access to health care, and reaching the underserved;
- a presence in over 180 countries, many of which are politically isolated countries where IPPF may be the only recourse for women's and reproductive rights;
- a presence in countries where USAID may never have had a program, or is either phasing out or has phased out its program;
- the ability to guide governments in recognizing national SRH needs and defining responses;
- maintaining the focus on SRH, often in difficult political and cultural settings;
- the ability to create and maintain NGOs, contributing immensely to strengthening civil society, democracy, and community-based organizations in developing countries (new NGO development in such countries as Mongolia, Laos, North Korea, Vietnam, and throughout Eastern Europe and the former Soviet Union deserve special mention);
- the ability to manage vast resources: in 1999 alone, the Federation managed an estimated \$222 million; and

- the ability to engage major donors in dialogue and action that not only validates SRH needs but also mobilizes funding at the highest levels of the international community; for several important donors, IPPF is the only vehicle to channel NGO funding.

CONVERGENCE OF USAID’S AND IPPF’S GOALS AND OBJECTIVES

The joint review highlighted the areas where USAID and IPPF converge and diverge. In general, the convergences are in the technical area and the divergences are in what is defined here as institutional culture.

Technical Areas

Except for the ability to work on abortion issues, there is strong and close convergence of goals and objectives between USAID and IPPF in the technical aspects of SRH, including

- access to services by youth and underserved populations,
- focus on gender issues,
- unmet contraceptive need,
- STI/HIV/AIDS prevention,
- postabortion care, and
- client-centered approaches and quality of care (contraceptive availability, choice, counseling, and IEC).

Although their strategies differ, there is also strong convergence between USAID and IPPF in

- implementing the ICPD Programme of Action,
- promoting advocacy,
- developing NGO institutional capacity,
- mobilizing resources, and
- pursuing contraceptive security.

Institutional Cultures

The divergence between USAID and IPPF is in the approach to implementation, although the review showed the interest, support, and initial actions within IPPF to shift its approach to implementation. These areas can be characterized as follows:

- Developing and employing **strategies to underpin key program areas** (e.g., youth, HIV/AIDS, sustainability). Program strategies give coherence and clarity to a set of activities identified by a strategic planning exercise;

- Having a **results orientation**, where data are collected and analyzed systematically and uniformly so that IPPF can clearly state its achievements at the national, regional, and global levels. Further, a focus on results would help IPPF discern the most effective models that should be replicated and scaled up within the Federation;
- **Being externally oriented**, seeking partnerships with others, and having both the knowledge of global trends and the agility to respond to a rapidly changing environment;
- **Mobilizing resources** to maintain funding levels and protect programs by sufficiently diversifying sources and modalities of funds; and
- **Ensuring standards** at all levels and to all members.

FUTURE USAID/IPPF PARTNERSHIP

Expectations

USAID Expectations

USAID, with diminishing staff and increasing restrictions, is looking for partners with strong institutional capacity that can advance USAID's objectives, exercise technical leadership, and demonstrate efficiency, consistency, and transparency. USAID's primary expectation following the joint review is for IPPF to demonstrate its commitment through an action plan that incorporates ambitious yet realistic time lines for attaining the important reform and program objectives collaboratively outlined in the key findings and conclusions. USAID also expects that the Federation will incorporate recommendations from this review, the trilateral evaluation, and all donors' concerns, but that the action plan is developed first and foremost to serve the Federation's needs.

USAID endorses a needs-based review and possible redesign of the Secretariat to clarify the optimal roles, responsibilities, and linkages among each level of the Federation to best support its core work in SRH. USAID recognizes the desirability for restructuring to follow IPPF's customary approach of participatory processes and internal consensus. USAID also encourages the Federation to mobilize other donor interest and support for implementing the plan.

IPPF Expectations

For IPPF, USAID is a donor, a strategic ally in the area of RH/FP, and an intellectual partner. Based on this joint review, the most desired forms of USAID support are:

- **Continued financial assistance**, including core funding, which is crucial for the stability of the network. Targets or benchmarks of achievement are acceptable and desired.

- **Technical assistance:** This review identified the need for CAs to structure technical assistance on a strategic corporate basis to the Federation as a whole, as opposed to the current predominantly disjointed basis that CA assistance is provided, primarily to FPAs. This will make CA technical assistance more sustainable and valuable, better ensure that it supports the core mission and strategy of FPAs and the Federation as a whole, and clarify attribution of achievements. USAID can help redirect CA assistance to this higher level, particularly at the global level.
- **Partnerships:** IPPF has identified this as an area where USAID has a comparative advantage and where it needs to consider external models that might enrich and bring new perspective to its work. This might include, for example, commercial partners to introduce contraceptives at low prices, develop a clinic, or introduce employer-financed RH programs at the factory level.

IPPF is evaluating the strategic value of opening offices close to major donors for the purposes of creating close coordination and strong communication. Such an office in the United States would provide direct representation of the Federation with the range of U.S. donors (foundations, corporations), facilitate interaction with specialized technical assistance agencies and working groups, and help build strategic partnerships and alliances for advocacy and other program activities.

Expectations of Other IPPF Donors

The following highlights from interviews with other donors indicate strong convergence among all parties. Donors expressed an eagerness to support IPPF and were pleased with the reform and streamlining IPPF has achieved to date and hoped that it will continue. Donors want IPPF to have a focused mission and agenda, competitive advantage, streamlined governance, effective technical assistance, and consistent quality among FPAs and ROs. Donors believe that, in the crowded post-ICPD arena, IPPF needs to redefine and vigorously pursue its competitive edge. Donors believe that IPPF should

- maintain a service delivery emphasis and continue increased attention to youth and HIV/AIDS,
- continue providing leadership in tackling SRH,
- proactively address the variation in FPA and RO performance, and
- ensure that the roles of volunteers are well defined.

Optimal Areas for Collaboration

Financial

USAID is aware of the need to support the core activities of the Federation and as a result of the joint review, understands that this area is underfunded, especially at the level of the

ROs. USAID wants to create direct links between performance benchmarks and funding levels and to concentrate on rewarding results and building up the financial strength of IPPF.

Programmatic/Technical

USAID and IPPF agree that this is an optimal area for collaboration, especially because USAID has technical expertise that can help the Federation. Both institutions agree that the focus of the technical assistance should be at the level of the Secretariat, with the appropriate balance between the CO and ROs. Also, both agree that when technical assistance is provided by CAs, the CA should view IPPF as a whole, rather than the individual FPAs, as the client. Key technical assistance areas include program strategy development, capacity building and sustainability, advocacy, income generation, research, and monitoring and evaluation. Technical needs should be identified through a process that begins with the needs of the people served, to the FPAs' response to those needs, to how ROs support FPAs, and ultimately, to the role of the CO in supporting the 3-tier structure and leading the Federation as a whole.

Political Constraints

USAID operates under a variety of legislative and policy directives. The partnership between USAID and IPPF must work within these directives.

Considerations for the Future Partnership

IPPF

- Develop a plan of action that addresses the findings and conclusions of the joint review and the recommendations of the trilateral evaluation and all donors' concerns.
- Widely circulate the plan of action and elicit comments and suggestions from IPPF stakeholders and partners.
- Engage the donor community in a dialogue to mobilize support for the plan of action.

USAID

- Share the joint review and plan of action within G/PHN, and with partners and stakeholders to elicit comments and suggestions.
- Extend the current grant for two years (at no additional cost) and incorporate agreed-upon elements of the plan of action into this timeframe.
- Engage in discussions on future donor support for the plan of action.

APPENDICES

- A. KEY FINDINGS AND CONCLUSIONS**
- B. REVIEW TEAM MEMBERS**
- C. SUMMARY OF SURVEY DATA**
- D. DOCUMENTS PRODUCED BY THE JOINT REVIEW TEAM**
- E. BACKGROUND DOCUMENTS FOR THE JOINT REVIEW**

APPENDIX A

KEY FINDINGS AND CONCLUSIONS (as negotiated, Fall 2000)

APPENDIX A

KEY FINDINGS AND CONCLUSIONS **(as negotiated, Fall 2000)**

The key findings and conclusions were developed and agreed upon as part of the joint review in a highly participatory process described in section I, Background and Purpose. These are presented here exactly as agreed upon by the two organizations, following a review process that involved senior staff from both organizations.

I. Overarching Findings

There are three overarching findings that validate the partnership and provide a foundation for continued support, as follows:

IPPF Value and Reputation

- IPPF has many comparative advantages, most notably it
 - Sparked a family planning movement which acted as a catalyst for major social change.
 - Helps create/strengthen indigenous SRH NGOs that are organically linked to and highly effective within their national sociocultural contexts.
 - Is a trusted government partner helping advance progressive national SRH agendas.
 - Confers legitimacy and protection to FPAs working on sensitive issues.
 - Acts as a conduit for technical information, innovation and trends.
 - Provides standards and guidelines for clinical and institutional practice.
 - Represents a stable and continuous source of funds through its core funding.
 - Creates a network which facilitates the exchange of experience.
- **Reform Momentum**
- IPPF wants to build on its strengths and continue to tackle weaknesses.
- Donors and IPPF agree on the need to maintain and accelerate the pace of reform, in particular in the following areas (each of which is discussed in more detail below):
 - Governance reforms implemented at the country level
 - Needs-based resource allocation system
 - Accreditation system with monitoring and enforcement
 - Full implementation of a results-based monitoring and evaluation approach

Program Priorities

- IPPF's core work continues to be family planning; based on the Vision 2000 Strategic Plan, it has expanded significantly into a broader SRH agenda and constellation of services and programs.
- At all levels, IPPF is engaged in priority programs in the areas of
 - Youth
 - HIV/AIDS
 - Sustainability
 - Advocacy

- To fully realize its potential to support a broader SRH agenda and related program initiatives, IPPF needs
 - A more selective approach for choosing FPA reproductive health activities, based on criteria such as programmatic synergy with family planning, health impact, FPA financial and technical capability, advocacy impact, and sustainability potential.
 - Strategic approaches and enhanced technical support, especially from ROs, in priority program areas
 - Enhanced FPA management, planning and evaluation capacities

II. Key Findings and Conclusions

There are **10 areas of key findings and conclusions**, which are organized below according to the section of the review report each relates to and not in priority order.

A. Unique Contribution and Comparative Advantage

1. Governance/Volunteers

Findings

- Volunteers are a distinguishing asset of the Federation.
- Governance reforms at the international and regional levels have been completed (reduced members, committees, frequency of meetings; more balanced age/gender/skills mix) but not extended systematically to FPAs; and more can be done at the international and regional levels to rejuvenate boards through, for example, turnover, lateral entry, etc.
- Modern FPA board practices are not consistently used and many volunteers are overinvolved in day-to-day management.
- Volunteer-related issues contribute to high turnover among executive directors.

Conclusions

- Even with reforms, volunteer boards still need greater age balance along with regular infusions of new members who are aware of SRH trends and needs.
- Governance reforms at the country FPA level need to be designed, adopted and implemented.
- Modern board practices need to be used, where the board is engaged at the policy and strategy level, with general oversight and fundraising responsibilities.
- Role clarification of volunteers and management and related training are critical needs.
- Executive directors need training in management, leadership, and effective board relations; and their remuneration/contractual arrangements need review.

2. Mission/Target Group

Findings

- IPPF's operating environment has changed dramatically, with reduced funding, a broader ICPD mandate, and heightened demand (more people of reproductive age).

- Services for the poor and financial sustainability goals create an apparent conflict.

Conclusions

- At the global level, IPPF should pursue a broad ICPD mandate (per the Vision 2000 Fund Strategic Plan), which can be tailored by ROs and FPAs according to regional and national priorities.
- The CO should provide guidance on evolving worldwide trends and program requirements.
- IPPF needs to be explicit about target groups and sustainability objectives, accepting that it must generate revenue to serve the poorest (i.e., cross-subsidize).

3. Resource Allocation

Findings

- **FPAs:** The current resource allocation system directs the bulk of resources to FPAs in the poorest countries. However, there are specific criteria to guide allocation of resources among FPAs within the category of poorest countries, when the decision-making process takes into account RO information on each FPA, historical precedence and other nonobjective factors. This can compromise needs-based decision-making.
- **Secretariat:** Resource allocation to the Secretariat (CO and ROs) relies mainly on historical precedence and other factors not based on evolving needs.

Conclusion

- Enforce and/or introduce a needs-based transparent approach for allocating financial and technical resources uniformly throughout the Federation.

4. Program Leadership/ICPD Programme of Action

Findings

- Many FPAs have initiated innovative activities with youth, men, gender, and HIV/AIDS, but often with little guidance or access to worldwide experience and lessons learned.
- Progress has been made in moving from FP to broader SRH services at the clinic level, but technical guidance and expertise from the CO/RO is uneven.
- Financial resource limitations constrain IPPF's ability to meet contraceptive commodity demand.

Conclusions

- IPPF needs to develop a strategic, evidence-based approach to new priority program areas supported by experienced CO/RO/FPA technical personnel and technical assistance.
- A minimum basic package of integrated SRH services including contraceptive security needs to be identified and adopted as appropriate.
- HIV/AIDS and youth are priority technical areas that need a strategic approach and technical assistance at all levels (CO, RO, and FPA).

- Strengthen capability in meeting contraceptive demand and ensuring quality commodity and logistics management.

5. Advocacy

Findings

- The IPPF network enjoys positive name recognition and provides a global voice.
- IPPF is in dialogue with governments, foundations and donors.
- IPPF is very well positioned for advocacy, but makes uneven use of its potential, and has lost some ground to others who are more vocal on, for example, women's empowerment, abortion, HIV/AIDS.

Conclusions

- To regain its leadership position, IPPF needs to be more proactive, and treat advocacy as a program area, with a strategy and defined advocacy agenda.
- IPPF needs to develop a results tracking system for its advocacy program, drawing on existing experience.

6. Developing Sustainable Institutions

➤ Sustainability/Resource Mobilization

Findings

- Core grants and restricted funding have declined dramatically, making sustainability a priority issue for every FPA.
- FPAs have made some important strides in promoting sustainability (diversifying donors, generating revenue, and developing internal systems to support a well-functioning, mature institution).
- IPPF lacks a strategic programmatic approach to sustainability.
- Financial sustainability initiatives are generally understaffed at every level, cannot draw on information on activities and achievements for use in marketing efforts, and have not been successful in preventing revenue reduction.

Conclusions

- IPPF needs to develop a strategic approach to sustainability, and to draw on and share among regions relevant internal and external experiences and funding approaches.
- Guidance and technical assistance to FPAs on sustainability need to increase, from ROs and other sources of specialized expertise.
- Both USAID and IPPF need to be aware of the risk of reducing support to successful, high-performing programs; USAID has provided sustainability enhancement grants and endowment funds to help protect successful programs and reward strong performance, and could consider doing this more systematically.
- IPPF needs to review and strengthen the marketing strategy and resource mobilization staff at all levels.

➤ **Capacity Building**

❑ **Regional Offices**

Findings

- IPPF's regional structure is an excellent way to support FPAs, as it allows capacity building to be provided in the context of special regional SRH needs and sociocultural circumstances.
- While ROs are at the front line in building FPAs' capacity, they are generally underresourced to carry out this function fully, lacking the range of skills and numbers of staff needed to meet FPA needs for assistance in both technical and institutional capacity building.

Conclusions

- ROs need to identify key FPA technical assistance requirements in each region, and develop a plan for direct and/or outsourced technical assistance provision (including use of USAID CAs and other sources of technical expertise) and staff each RO accordingly.
- Based on a clear division of functions between levels (being drafted), IPPF needs to create a system to ensure that delegated authorities of the director-general to the regional directors are effectively carried out, including provision of technical assistance and regular support visits of RO staff to FPAs.
- The Africa RO (ARO) needs strengthening as a matter of urgency.

❑ **USAID Cooperating Agencies (CAs)**

Findings

- CAs represent sources of specialized technical assistance with potential for all levels of the Federation and some FPAs have benefited greatly from such technical assistance.
- CAs are an important channel for USAID funding to IPPF/FPAs, and in some countries visited this seems to be of increasing importance.
- Where IPPF/FPAs have been included in successful competitive bids with CAs, resources have not always materialized as intended.

Conclusions

- IPPF needs to be proactive in identifying what technical assistance CAs can provide, and in accessing these resources in a strategic and corporate manner, with appropriate involvement at all levels (CO, RO, FPA).
- USAID can promote CA/IPPF relationships by acting as a broker to facilitate provision of CA technical and financial resources to IPPF, globally and bilaterally.
- Good models of CA/IPPF/USAID cooperation are needed for replication purposes.

B. Quality Assurance and Results Measurement

7. Quality Assurance

➤ Accreditation

Findings

- IPPF has a good set of membership standards on constitutional, medical, governance and management issues.
- The current system of self-certification has resulted in great variation in quality and performance among FPAs because standards are not rigorously followed or enforced.
- ROs are differentially equipped to handle enforcement.
- Membership standards are now being revised for content and to transform the existing self-certification system into a formal accreditation system.

Conclusions

- Being part of the Federation requires compliance with its standards.
- The revision currently underway should be accelerated, and the enforcement of standards needs to be independent and rigorously applied.

➤ Quality of Care

Findings

- Good medical and quality of care standards and guidelines exist for clinics, and IMAP plays a strong and very useful normative role.
- Currently, there is no system in the CO or ROs for ensuring that existing standards and guidelines are actually implemented or for providing hands-on technical support to improve quality of clinical services.

Conclusion

- IPPF needs to be rigorous in implementing medical and quality of care standards and guidelines at all FPA services delivery sites. To this end, IPPF needs to develop systems of quality assurance that include routine monitoring and related technical assistance.

8. Performance Monitoring

➤ Monitoring and Evaluation

Findings

- Evaluation was decentralized with little planning on how this would be undertaken at the RO and FPA levels. As a result, evaluation is not undertaken uniformly within the Federation, and this undermines IPPF's ability to articulate its achievements and use them for reporting, positioning and marketing.
- Monitoring consists of counting inputs and activities, not measuring results including the goals and objectives of the Vision 2000 Strategic Plan.
- Reporting requirements prejudice data collection and presentation towards FP, not the broader SRH agenda and constellation of services.

- IPPF's new IMS has a results orientation. It has taken 3 years to develop and will be piloted in 2001.

Conclusions

- IPPF has to keep the process of implementing the IMS on track, and if possible accelerate implementation. This will require substantial human and financial resources and a widespread training program.
- As a matter of urgency, IPPF needs to develop a uniform approach to evaluation within the IMS framework, and link evaluation to the sharing of technical information within the Federation to enrich programming, to positioning itself globally as a leader in SRH, and for use in marketing with donors.

➤ Capturing and Sharing Best Practice and Lessons Learned

Finding

- IPPF owns some of the best SRH responses and models, and actively disseminates technical information, but does not adequately document and share its own very valuable work.

Conclusion

- IPPF needs to strengthen its capability to identify successful approaches and share them within and across regions, especially among technical staff.

C. Future of the IPPF/USAID Partnership

9. IPPF/USAID Relationship

Findings

- The review process reveals a high interest in increased dialogue and interaction between IPPF and USAID to foster strong understanding and involvement.
- IPPF is more affected by politically imposed constraints on USAID than any other partner with whom USAID works.

Conclusions

- IPPF and USAID should actively work to increase opportunities for interaction and exchange of information on each other's priorities, strategies and field experiences.
- Relationships between USAID (G/PHN and Missions) and ROs should be strengthened.
- Both parties will benefit by involving appropriate levels of IPPF in USAID strategic planning exercises (e.g., the CO and ROs with G/PHN, ROs with regional USAID offices and regional bureaus, and FPAs with USAID Missions).

10. Expectations

Findings

- There is great interest in both USAID and IPPF to continue the relationship.

- In addition to resources provided by G/PHN, IPPF receives from USAID bilateral support and contraceptive commodities.
- Both parties support having any future partnership hold IPPF accountable, with clearly articulated results and benchmarks of achievement, applied equally to core funds as to earmarked funds.

Conclusions

- IPPF should develop a concrete plan for achieving the key actions identified by the joint review, and the various ways these might be supported, to provide the basis for joint consultations on the partnership.
- However funding is provided in a future agreement, it should be structured such that continued funding is dependent on meeting agreed benchmarks.
- A future partnership needs to balance continued progress in reform with program support.
- Key areas for reform are:
 - Governance reforms implemented at the country level and promotion of modern board practices at every level
 - Enforcement and/or introduction of a needs-based resource allocation system
 - Implementation of the new accreditation system with independent monitoring and enforcement
 - Full implementation of a results-based monitoring and evaluation approach within the IMS framework
- Possible approaches to a future partnership might include:
 - ***Long-term agreement*** to support both reform and program activities, released annually based on required achievement of benchmarks and agreed-upon work plans for the following year.
 - ***Incremental support*** initially for reform activities with program support conditional on successful completion of reforms.
 - ***CA Assistance:*** CAs can assist IPPF in achieving both reform and programmatic objectives and activities, through
 - Direct funding
 - Joint programming funds (given both to IPPF and CA to develop joint approaches)
 - Resident advisor secondments
 - ***Pilot activity:*** Provide direct support and technical assistance to strengthen one of the priority regions, for example, Africa, to fully support FPA development and regional SRH priority needs, with full implementation of reforms as part of the pilot
 - ***Longer term funding approach:*** endowment

APPENDIX B

REVIEW TEAM MEMBERS

APPENDIX B

REVIEW TEAM MEMBERS

Core Team and Organizational Focal Points

Betsy Bassan, Team Leader, POPTECH Consultant

Med Bouzidi, Director, Resource and Programme Development, IPPF

Isabel Stout, Senior Technical Advisor, Family Planning Services Division, USAID

IPPF

Blanca Benet Barrios, Internal Auditor

Ingar Brueggemann, Director-General

Garry Dearden, Manager, Policy Unit and Governance

Judith Helzner, Director of SRH, Western Hemisphere Regional Office

Indira Kapoor, Regional Director, South Asia Regional Office

Alfred Masupha, Governing Council Representative

Fabian McKinnon, Chef de Cabinet, Office of the Director-General

Justice Pobi, Acting Regional Director, Africa Regional Office

Hernan Sanhueza, Regional Director, Western Hemisphere Regional Office

Marcia Townsend, Deputy Regional Director and Director of Programs,
Western Hemisphere Regional Office

USAID

Sigrid Anderson, Former Chief, Family Planning Services Division

Lisa Childs, Technical Advisor, Family Planning Services Division

Shanti Conly, Senior Technical Advisor, Family Planning Services Division

John Crowley, Chief, Contraceptives Logistics Management Division

Dianna Frick, Program Assistant, Family Planning Services Division

Michele Moloney-Kitts, Chief, Family Planning Services Division

Scott Radloff, Deputy Director, Office of Population

Courtenay Singer, Public Health Advisor, Family Planning Services Division

Consultants

Barbara Kennedy

Keys MacManus

Deborah Rogow

Ian Thomas

Amy Tsui

APPENDIX C

SUMMARY OF SURVEY DATA

APPENDIX C

SUMMARY OF SURVEY DATA

<p>Key</p> <p>Higher = 85 or above</p> <p>Medium = 76–84</p> <p>Lower = 75 or below</p>

Topic and Statement		Level	Agreement Percent
IPPF VALUE AND REPUTATION			
1	The availability of FP/RH services in country is greatly strengthened by the Federation's support at this level.	H	86
GOVERNANCE AND VOLUNTEERS			
2	The Federation is effectively led by a mix of volunteers and professional staff.	M	81
3	Federation volunteers at this level are effective leaders.	M	77
4	The Federation's efforts have been effective in developing local FPA capacity to maintain a clear division of responsibilities between volunteers and staff.	M	80
THREE-TIER STRUCTURE			
5	The Federation's program and financial management function well under its current three-level structure.	M	76
6	Executive leadership in the Federation at this level is effective.	M	81
7	Secretariat assistance in grant management improves the effectiveness of the Federation's efforts.	M	77
MISSION/TARGET GROUP			
8	The Federation efforts have been effective in developing local FPA capacity to define and pursue a market niche with specific types of clients.	M	77
9	Federation efforts have been effective in directing service delivery to low-income clients.	M	83
10	The Federation adequately emphasizes the following functions: service delivery	H	88
PROGRAM DIRECTION			
11	The Federation has a strong record of innovation in FP/RH program design and implementation.	M	80
12	The Federation actively supports the expansion of FP services to include RH (e.g., towards the Cairo agenda).	H	88
PRIORITY PROGRAM AREAS			
13	The Federation places sufficient emphasis on the following program areas:		
A	Family planning	H	92
B	Sexual/reproductive health	H	88
C	Youth/adolescents	M	84
D	Gender	M	77
E	HIV/STI	M	78
F	Sustainability	M	77
G	Male involvement	L	74
H	Safe/postabortion care	L	69
DOCUMENTATION AND DISSEMINATION			
14	The Federation adequately emphasizes the following functions: Documentation and dissemination of lessons learned.	L	71
15	The Federation actively and adequately shares useful program experiences, such as lessons learned or best practices.	L	74

	Topic and Statement	Level	Agreement Percent
ADVOCACY			
16	The Federation adequately emphasizes the following functions: policy and advocacy	M	80
17	The Federation adequately emphasizes the following functions: community participation and mobilization	M	82
18	The Federation encourages partnerships with other NGOs.	M	84
19	The Federation leadership required to advocate for policy change and new program direction is adequate.	M	77
CAPACITY BUILDING			
20	The Federation's efforts have been effective in developing local FPA capacity to conduct strategic planning.	M	83
21	The Federation's efforts have been effective in developing local FPA capacity to have well-functioning management and financial systems.	M	80
22	USAID cooperating agencies (CAs) provide valuable technical assistance and support to Federation efforts.	H	85
RESOURCE MOBILIZATION AND FINANCIAL SUSTAINABILITY			
23	The Federation's ability to mobilize political and financial support for FP/RH is adequate.	L	72
24	The Federation's efforts have been effective in developing local FPA capacity to adopt financing schemes that reduce dependence on core budget funds.	L	72
CONTRACEPTIVE PROCUREMENT AND LOGISTICS MANAGEMENT			
25	The Federation adequately emphasizes commodities and logistics management.	M	84
26	The Federation is able to forecast and procure contraceptive commodities effectively.	M	82
27	The Federation provides adequate amounts of contraceptives to meet existing demand and avoid serious shortfalls.	M	77
PERFORMANCE MONITORING AND EVALUATION			
28	The Federation adequately emphasizes performance monitoring.	M	77
29	The Federation effectively monitors progress in achieving goals and objectives.	M	79
30	The Federation adequately monitors the use of FP/RH services and the types of clients served.	M	78
QUALITY STANDARDS			
31	Federation efforts are adequate for setting and maintaining quality standards for clinic services and client care.	M	82
32	Federation efforts are adequate for setting and maintaining quality standards for operational and institutional performance.	M	79
ACCREDITATION			
33	Federation efforts are adequate for achieving and maintaining standards of IPPF membership.	M	81
IPPF/USAID RELATIONSHIP			
34	The goals and objectives of the Federation and USAID converge adequately to support a productive partnership.	H	88
35	The Federation enables the provision of FP/RH services where there is no USAID presence.	M	83
36	Restricted project funds (such as the Vision 2000 Fund) significantly enhance the Federation's efforts in selected areas (e.g., youth, male involvement, women's empowerment)	M	83

APPENDIX D

DOCUMENTS PRODUCED BY THE JOINT REVIEW TEAM

APPENDIX D

DOCUMENTS PRODUCED BY THE JOINT REVIEW TEAM

PROCESS AND METHODOLOGY

- Time Line
- Travel Plan
- Country Selection Criteria
- Letter to IPPF FPAs and USAID Missions
- Outline for the Review Final Report
- Audience Feedback Plan
- List of Interview Questions
- IPPF and USAID Questionnaires
- Protocol for Notetaking and Reporting
- Format for Trip Reports
- Illustrative Interview Schedule

REPORTS

Survey Report

Head Office Interview Summaries (4)

- IPPF Central Office
- USAID/Washington
- Cooperating Agencies
- Donors

Regional and Country Trip Reports

IPPF Regional Offices (6)

- Africa Regional Office
- Arab World Regional Office
- East, Southeast Asia and Oceania Regional Office
- European Network Regional Office
- South Asia Regional Office
- Western Hemisphere Regional Office

IPPF Country/FPA Reports (16)

- Kenya
- South Africa
- Senegal
- Tunisia
- Jordan
- Palestine
- Egypt⁸
- Indonesia
- Malaysia

⁸ Interviews in Egypt were conducted by an individual, not a tripartite team.

- Russia
- Poland
- Bangladesh
- India
- Brazil
- Guatemala
- Guyana

Other

Key Findings and Conclusions

Status Reports (3)

PowerPoint Presentations on Key Findings and Conclusions

- USAID G/PHN Senior Management, September 26, 2000
- IPPF Senior Management Team, October 4, 2000
- IPPF Donor Meeting, October 30, 2000

APPENDIX E

BACKGROUND DOCUMENTS FOR THE JOINT REVIEW

APPENDIX E

BACKGROUND DOCUMENTS FOR THE JOINT REVIEW

Andersson-Brolin, Lillemor and Bo Stenson. "International Planned Parenthood Federation: Step 1." Consultancy study for the Department for Democracy and Social Development. Stockholm: Swedish International Development Cooperation Agency, October, 1997.

Details of the General Support Grant No. DPE-0838-G-GS-4002-00 made to IPPF for \$11 million, as well as contraceptives. December 1983.

International Planned Parenthood Federation. *A User's Guide to the Vision 2000 Fund*. London: International Planned Parenthood Federation, September 1998. (Draft)

_____. *Guidelines for the use of the IPPF Charter on Sexual and Reproductive Rights*. Edited by Karen Newman. London: International Planned Parenthood Federation. (no date)

_____. *Implementing the Vision 2000 Strategic Plan: Compendium of Activities*. London: International Planned Parenthood Federation, 1998.

_____. *Implementing the Vision 2000 Strategic Plan: Integrated Management System*. London: International Planned Parenthood Federation, 1999.

_____. *Integrated Management System*. London: International Planned Parenthood Federation, 1999.

_____. *IPPF Annual Reports, 1995 through 1999*. London: International Planned Parenthood Federation, 1995 through 1999.

_____. *IPPF Annual Report Supplements, 1995 through 1999*. London: International Planned Parenthood Federation, 1995 through 1999.

_____. *IPPF Annual Review, 1997-98*. London: International Planned Parenthood Federation, 1998.

_____. *IPPF Charter on Sexual and Reproductive Rights: Vision 2000*. London: International Planned Parenthood Federation, 1996.

_____. *IPPF Financial Statements, 1999*. London: International Planned Parenthood Federation, 1999.

_____. *The New IPPF Governance Structure*. London: International Planned Parenthood Federation, December 1998.

_____. “Performance Assessment of IPPF: Feedback Workshop Recommendations.” Executive Summary of the Status Report and Plan of Action of the Performance Assessment IPPF Feedback Workshop presented to the 1999 IPPF Donors’ Meeting, London, December 1999.

_____. “Performance Assessment of IPPF: Feedback Workshop Recommendations.” Status Report and Plan of Action of the Performance Assessment IPPF Feedback Workshop presented to the 1999 IPPF Donors’ Meeting, London, December 1999.

_____. “Resource Mobilisation Strategy.” London: International Planned Parenthood Federation, November 1997.

_____. *STANDARDS: Responsibilities of Membership*. London: International Planned Parenthood Federation, 1993.

_____. *Vision 2000 and the ICPD Programme of Action*. London: International Planned Parenthood Federation, 1995.

_____. *Vision 2000 Fund – Internal Evaluation*. London: International Planned Parenthood Federation, December 1997.

_____. *Vision 2000 – Investing in the Future*. London: International Planned Parenthood Federation, 1992.

_____. *Vision 2000 – Moving Forward after Cairo and Beijing*. London: International Planned Parenthood Federation, 1996.

_____. *Vision 2000 – Sexual and Reproductive Health: A new Approach with Communities*. London: International Planned Parenthood Federation, 1997.

_____. *Vision 2000 – Strategic Plan*. London: International Planned Parenthood Federation, 1995.

International Programme Advisory Panel (IPAP). Descriptive Report.

Lush, Louisiana, John Cleland, Maia Ambegaokar, and Rachel Partridge. *The Medical and Technical Function of the International Planned Parenthood Federation: An Appraisal of the Past and Identification of Future Priorities*. London: London School of Hygiene and Tropical Medicine, November 1999.

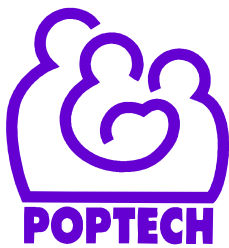
Moore, Kirsten, and Judith Helzner. *What’s Sex Got to Do with It?* 1996.

Skjaeraasen, Julie, Bo Stenson and Ian Thomas. *Performance Assessment of IPPF: Policy and Effectiveness at Country and Regional Levels*. Synthesis report prepared by Options Consultancy Services, December 1998.

Suitters, Beryl. *Be Brave and Angry: Chronicles of the International Planned Parenthood Federation*. 1973.

U. S. Agency for International Development (USAID) and IPPF. The *USAID/IPPF Partnership: Scope of Work for a Joint Review*. March 2000.

USAID. Grant Extension for IPPF, 1998–2000.



POPULATION TECHNICAL ASSISTANCE PROJECT

1101 Vermont Ave., NW Suite 900 Washington, DC 20005 Phone: (202) 898-9040 Fax: (202) 898-9057 www.poptechproject.com